

<i>SERFF Tracking Number:</i>	<i>BANN-128296456</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Banner Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>Renewable & Convertible Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Simplified Issue Schedule Pages/RT97 GTCO</i>		

Filing at a Glance

Company: Banner Life Insurance Company

Product Name: Renewable & Convertible Term SERFF Tr Num: BANN-128296456 State: Arkansas

Life Insurance

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Ada Miller

Disposition Date: 04/30/2012

Date Submitted: 04/25/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: 06/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Simplified Issue Schedule Pages

Project Number: RT97 GTCO

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 04/03/2012

Domicile Status Comments: Maryland, our state of domicile, is part of the Interstate Insurance Regulation Product Commission.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/30/2012

State Status Changed: 04/30/2012

Deemer Date:

Created By: Ada Miller

Submitted By: Ada Miller

Corresponding Filing Tracking Number:

Filing Description:

We are submitting policy schedule page variation, RT97 GTCO, to be used with our existing Renewable and Convertible Term Life Insurance policy form number RT-97, previously approved on 10/22/97 (10, 15, & 20 year term) and 11/20/97 (30 year term). This product will be used in the simplified issue market. Life Insurance Application form, LIA-ST (2-12), will be used for this product and was approved by your department on 2/28/12.

This filing only affects the policy schedule pages RT97 GTCO and not the policy form itself. A sample of the schedule page variation is attached. An actuarial memorandum for the variation is also attached. An amendment is included and

SERFF Tracking Number: BANN-128296456 State: Arkansas
 Filing Company: Banner Life Insurance Company State Tracking Number:
 Company Tracking Number:
 TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium
 Product Name: Renewable & Convertible Term Life Insurance
 Project Name/Number: Simplified Issue Schedule Pages/RT97 GTCO

will be attached to the policy to amend the age basis from Age Nearest Birthday to Age Last Birthday. The implementation date for use of the schedule pages and amendment is June 1, 2012.

To the best of our knowledge, information and belief, this form complies with the rules and regulations of your department.

If you should have any further questions or require additional information, please feel free to contact me at amiller@lgamerica.com or 301-279-4809.

State Narrative:

Company and Contact

Filing Contact Information

Ada Miller, Compliance Technician amiller@lgamerica.com
 1701 Research Boulevard 301-279-4809 [Phone]
 Rockville, MD 20850 301-294-6964 [FAX]

Filing Company Information

Banner Life Insurance Company CoCode: 94250 State of Domicile: Maryland
 1701 Research Boulevard Group Code: 872 Company Type: Life Insurance
 Rockville, MD 20850 Group Name: State ID Number:
 (301) 279-4809 ext. [Phone] FEIN Number: 52-1236145

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? Yes
 Fee Explanation: policy schedule pages and Endorsement

2 forms x \$125 each

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Banner Life Insurance Company	\$250.00	04/25/2012	58532658

SERFF Tracking Number: *BANN-128296456* *State:* *Arkansas*
Filing Company: *Banner Life Insurance Company* *State Tracking Number:*
Company Tracking Number:
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.003 Single Life - Single Premium*
Product Name: *Renewable & Convertible Term Life Insurance*
Project Name/Number: *Simplified Issue Schedule Pages/RT97 GTCO*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/30/2012	04/30/2012

<i>SERFF Tracking Number:</i>	<i>BANN-128296456</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Banner Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>Renewable & Convertible Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Simplified Issue Schedule Pages/RT97 GTCO</i>		

Disposition

Disposition Date: 04/30/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BANN-128296456 State: Arkansas

Filing Company: Banner Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium

Product Name: Renewable & Convertible Term Life Insurance

Project Name/Number: Simplified Issue Schedule Pages/RT97 GTCO

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Premium Rates		Yes
Supporting Document	Previously Approved Form		Yes
Form	Policy Schedule		Yes
Form	Endorsement Regarding Age Definition		Yes

SERFF Tracking Number: BANN-128296456 State: Arkansas

Filing Company: Banner Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium

Product Name: Renewable & Convertible Term Life Insurance

Project Name/Number: Simplified Issue Schedule Pages/RT97 GTCO

Form Schedule

Lead Form Number: RT-97

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RT97	Schedule	Policy Schedule	Initial			RT97 GTCO
	GTCO	Pages					PSP.pdf
	LU1314 (3-12)	Policy/Cont	Endorsement	Initial		66.000	LU1314 (3-12)
		ract/Fratern	Regarding Age				Endorsement
		al	Definition				Age
		Certificate:					Definition.pdf
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

POLICY SCHEDULE

<u>FORM NUMBER</u>	<u>TYPE OF COVERAGE</u>	<u>EXPIRATION DATE</u>	<u>FACE AMOUNT</u>	<u>*ANNUAL PREMIUM</u>	<u>RATING CLASSIFICATION</u>
RT-97	RENEWABLE AND CONVERTIBLE TERM	[06/30/2082]	[\$50,000]	[\$23.50]	[STANDARD]
[ADB]	[ACCELERATED DEATH BENEFIT]	[N/A]	[N/A]	[FREE]	
[MMGR]	[MEDIGUIDE]	[N/A]	[N/A]	[FREE]	
	POLICY FEE			<u>[\$50.00]</u>	
			TOTAL	[\$73.50]	

MAXIMUM ANNUAL PREMIUM:

YEAR 1 : [\$73.50]
YEARS 2 + : SEE SCHEDULE PAGE 3A

*PREMIUMS MAY BE CHANGED AS PROVIDED IN THE CHANGE OF PREMIUM PROVISION, BUT THE ANNUAL PREMIUM WILL NOT EXCEED THE MAXIMUM ANNUAL PREMIUM SHOWN.

PREMIUM MODE: [ANNUAL]
PREMIUM DUE DATE: [07/01]

*PREMIUM MODES AVAILABLE:	ANNUAL [\$73.50]	SEMI-ANNUAL [\$38.22]	QUARTERLY [\$19.66]	PAC [\$6.62]
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END OF CONVERSION PERIOD: [6/30/2022]

END OF EXCHANGE PERIOD: [6/30/2022]

INSURED:	[JOHN DOE]	TERM PERIOD:	[ONE YEAR]
ISSUE AGE & SEX:	[35 MALE]	ISSUE DATE:	[7/01/2012]
OWNER:	[JOHN DOE]	POLICY DATE:	[7/01/2012]
		POLICY NUMBER:	[010000000]

POLICY SCHEDULE (CONTINUED)

<u>YEAR</u>	<u>MAXIMUM ANNUAL RENEWAL PREMIUM</u>	<u>YEAR</u>	<u>MAXIMUM ANNUAL RENEWAL PREMIUM</u>
[1]	[73.50]	[36]	[\$1,156.50]
[2]	[73.50]	[37]	[\$1,306.00]
[3]	[74.00]	[38]	[\$1,478.00]
[4]	[170.00]	[39]	[\$1,678.00]
[5]	[171.00]	[40]	[\$1,906.50]
[6]	[173.00]	[41]	[\$2,164.50]
[7]	[173.50]	[42]	[\$2,447.00]
[8]	[179.00]	[43]	[\$2,759.50]
[9]	[184.00]	[44]	[\$3,100.50]
[10]	[189.00]	[45]	[\$3,567.00]
[11]	[196.00]	[46]	[\$4,006.50]
[12]	[203.00]	[47]	[\$4,559.50]
[13]	[212.00]	[48]	[\$5,093.00]
[14]	[222.50]	[49]	[\$5,770.00]
[15]	[234.50]	[50]	[\$6,537.50]
[16]	[247.50]	[51]	[\$7,386.50]
[17]	[263.50]	[52]	[\$8,306.50]
[18]	[280.50]	[53]	[\$9,292.50]
[19]	[300.00]	[54]	[\$10,335.00]
[20]	[320.00]	[55]	[\$11,459.50]
[21]	[343.50]	[56]	[\$12,705.00]
[22]	[368.00]	[57]	[\$14,102.50]
[23]	[394.50]	[58]	[\$15,692.50]
[24]	[423.00]	[59]	[\$17,497.00]
[25]	[454.50]	[60]	[\$19,490.50]
[26]	[488.00]	[61]	[\$21,638.00]
[27]	[528.00]	[62]	[\$23,904.00]
[28]	[573.00]	[63]	[\$26,272.50]
[29]	[624.00]	[64]	[\$28,751.50]
[30]	[682.50]	[65]	[\$31,330.50]
[31]	[746.50]	[66]	[\$34,040.50]
[32]	[817.00]	[67]	[\$36,923.50]
[33]	[891.00]	[68]	[\$40,065.50]
[34]	[970.50]	[69]	[\$43,660.50]
[35]	[1,058.50]	[70]	[\$48,093.00]



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-638-8428
www.LGAmerica.com

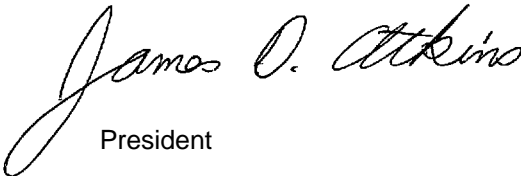
ENDORSEMENT REGARDING AGE DEFINITION

This Endorsement is to be added to and forms a part of the policy. Where the terms of this endorsement differ from the contract, the terms of this endorsement will govern. Except as specifically altered by this Endorsement, all of the provisions, conditions, limitations and exclusions of this policy remain in full force and effect.

Age

Age is shown in the Policy Schedule and is the Insured's age as of the last birthday on the Policy Date.

IN WITNESS WHEREOF, the Banner Life Insurance Company has caused this Endorsement to be signed by its President on the Policy Date.


President

SERFF Tracking Number: BANN-128296456 State: Arkansas
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 Company Tracking Number:
 TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium
 Product Name: Renewable & Convertible Term Life Insurance
 Project Name/Number: Simplified Issue Schedule Pages/RT97 GTCO

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: attached Attachment: LU1314 Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: previously approved 2/28/12 Attachment: LIA-ST (2-12).pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo Comments: actuarial memorandum attached Attachment: GTCO.ActMemo.RT97.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: attached Attachment: STATEMENT OF VARIABILITY - RT97 GTCO.pdf		

SERFF Tracking Number: BANN-128296456 State: Arkansas
Filing Company: Banner Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium
Product Name: Renewable & Convertible Term Life Insurance
Project Name/Number: Simplified Issue Schedule Pages/RT97 GTCO

Item Status: Status
Date:

Satisfied - Item: Premium Rates

Comments:

attached

Attachment:

CurrGuarRates.pdf

Item Status: Status
Date:

Satisfied - Item: Previously Approved Form

Comments:

Previously approved base policy attached

Attachment:

RT-97 (base).pdf

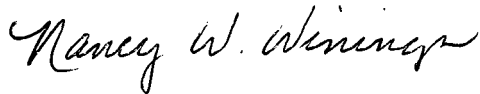
Readability Certification
LU1314 (3-12)

This is to certify that the form in this filing has been tested and meets the minimum required Flesch reading ease score.

Endorsement Regarding Age Definition, Form LU1314 (3-12), has a score of 66.0.

The form is not less than 10-point type with one-point lead.

The style, arrangement, and overall appearance of the form gives no undue prominence to any portion of the text of the policy or to any endorsements or riders.



*Nancy W. Winings, FSA, MAAA
Vice President, Product Development
Banner Life Insurance Company*

February 29, 2012

Date



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

LIA-ST (2-12)

NOTICE TO PROPOSED INSURED (Please give to the Proposed Insured)

Thank you for applying to Banner Life Insurance Company. The soliciting insurance broker (broker) should be able to answer any questions you may have. This broker is an independent broker, not an employee of Banner Life Insurance Company, and is not authorized to make or modify contracts or to waive any requirements or any information that we may request.

Underwriting

Once we receive your application, we will begin an evaluation process called underwriting to determine whether you are eligible for insurance and, if so, the rate you should pay for that insurance. We may find that we are unable to give you the insurance you have applied for or that we are able to give it to you only on a modified basis or at a rate greater than our lowest rate.

Your application will be our primary source of information; therefore, it must be true, complete, and accurate. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application. We may seek information from other sources to help us evaluate the information you give us on your application.

Contestability

We strongly urge you to review the completed application closely for accuracy. A claim may be denied, the policy may be void or your coverage may be lost if the application is incomplete or if it contains false statements or material misrepresentations. Any policy that may be issued will indicate when and under what circumstances it may be contested. Please be aware that if the application contains material misrepresentations or conceals material facts, and you submitted it with the intent to defraud or to facilitate fraud against us, you may also be guilty of insurance fraud, which is a crime. You must inform us of a change to any answer in any part of your application before accepting delivery of a policy; in fact, you agree to do so when you sign your application.

Replacement of Existing Coverage

If you intend to replace existing coverage, tell the broker of your intention and answer "yes" to the replacement question in the application; state law may require the broker to give you information that will help you compare the policy you are applying for with the policy you intend to replace. If you are undecided about keeping existing coverage, indicating an intention to replace existing coverage may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain new suicide and contestable periods. The following would be considered replacement: you stop paying premiums on an existing policy or surrender an existing policy before or shortly after applying to us or you borrow from an existing policy to pay premiums for the insurance for which you are applying. State law may define replacement to include other situations. Ask the broker if you are unsure.

Insurance Information Practices

We will rely primarily on information provided by you. We may supplement that information with information from other sources such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us as explained in this Notice under Federal Fair Credit Reporting Notice. You may request to be interviewed in connection with the preparation of this report.

In certain limited situations, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization.

You have the right to be told about, and receive copies if you wish, of items of personal information about you that appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

We will send you a more detailed explanation of our information practices if you send us a written request. You may send your request to the Director of Underwriting, Banner Life Insurance Company, 3275 Bennett Creek Avenue, Frederick, Maryland 21704.

Federal Fair Credit Reporting Notice

As part of our underwriting, we may ask that an investigative consumer report be prepared. An independent source known as a consumer reporting agency will prepare the report. The report will typically include information as to your character, general reputation, mode of living, and personal characteristics. The agency may conduct personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted in order to get this information. If you write to us within a reasonable time after you receive this Notice, we will tell you whether or not a report was requested. If a report was requested, we will tell you the name, address, and telephone number of the agency to whom the request was made. Upon request, the agency will furnish information as to the nature and scope of its investigation. If you would like to inspect and to receive a copy of the report, you may do so by contacting the agency directly.



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

LIA-ST (2-12)

NOTICE TO PROPOSED INSURED
(Please give to the Proposed Insured)

MIB, Inc. (Medical Information Bureau) Pre-Notice Disclosure

Information regarding your insurability will be treated as confidential. Banner Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc., upon request, will supply each company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Banner Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB, Inc. may be obtained on its website at www.mib.com.



Banner Life Insurance Company
3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 638-8428

LIFE INSURANCE APPLICATION
(Please Print)

SECTION A PROPOSED INSURED

1. Full Name (Include maiden name in parentheses)		2. Sex <input type="checkbox"/> M <input type="checkbox"/> F	3. Date of Birth Month Day Year	4. Social Security Number
5. a. Home Address (If P.O. Box, list home address in Section J - Details.) Street _____ City, State _____ Zip _____				5. b. How Long
6. Phone Numbers Home _____ Work _____	7. State/Country of Birth	8. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type _____ If No, Date of Entry into U.S. _____ Country of Citizenship _____		
9. Marital Status <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D	10. Driver's License Number and State of Issue or State ID Number (If None, list reason.)			
11. Proposed Insured Email Address				
12. Occupation (Include duties)		13. Annual Income		14. Total Net Worth
15. a. Employer's Name and Address and Nature of Business				15. b. How Long Employed

SECTION B BENEFICIARY (Share percentage totals must equal 100%. If necessary, use Section J - Details.
If Beneficiary is a trust, check box ☐ and complete Sections B and D.)

16. Primary		
Name _____	SSN or Tax ID # _____	Date of Birth _____
Address _____	City, State _____	Zip _____
Relationship to the Proposed Insured _____		% Share _____
Name _____	SSN or Tax ID # _____	Date of Birth _____
Address _____	City, State _____	Zip _____
Relationship to the Proposed Insured _____		% Share _____
17. Contingent		
Name _____	Relationship _____	% Share _____
SSN _____	Date of Birth _____	
Name _____	Relationship _____	% Share _____
SSN _____	Date of Birth _____	

SECTION C OWNER (Will be Proposed Insured unless otherwise indicated in this section.)

18. Owner is <input type="checkbox"/> Trust (If checked must complete Sections C and D.) <input type="checkbox"/> Other than Proposed Insured or Trust		
Name _____	SSN or Tax ID # _____	Date of Birth _____
Address _____	City, State _____	Zip _____
Contact Phone # _____	Relationship to Proposed Insured _____	
Email address _____	If Owner is a business, web site address _____	

SECTION D TRUST INFORMATION (Must complete if trust is Beneficiary and/or Owner.)

19. Exact Name of Trust _____	Trust Tax ID# _____
Current Trustee(s) _____	Date of Trust _____

Policy Number (if assigned) _____

SECTION E PAYOR

20. Send premium notices to: ☐ Employer ☐ Other - If Other, complete the information below

Name _____ Relationship to Insured/Owner(s) _____
 Address _____ City, State _____ Zip _____
 Contact Phone # _____ Email address _____

SECTION F INSURANCE APPLIED FOR

21. Amount of Insurance \$ _____

22. Frequency of premium payment: ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

SECTION G OTHER INSURANCE

23. Have you ever had an application or informal inquiry for life insurance declined, postponed, modified, rated or offered with a reduced face amount? (If Yes, provide details in Section J - Details.) _____ ☐ Yes ☐ No

24. a. Are you currently applying, or do you intend to apply, for additional life insurance coverage? _____ ☐ Yes ☐ No

b. If Yes, what is the total amount of insurance you intend to accept? \$ _____

25. Have you replaced other life insurance policies in the past 2 years? _____ (If Yes, provide details in Section J - Details.) ☐ Yes ☐ No

26. a. Do you currently have life insurance coverage (except group insurance)? _____ ☐ Yes ☐ No

b. If Yes, provide information for each policy currently in force (except group insurance). If you indicate that you are likely to replace, end, or change existing insurance or annuity with any company or society with the insurance for which you are applying, the broker may be required to provide additional forms for your review and signature. (If necessary, use Section J - Details.)

Company	Policy Number	Face Amount	Business?		Issue Date	Replacing?		Beneficiary
			Yes	No		Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION H PROPOSED INSURED'S HISTORY

27. In the past 90 days, has the Proposed Insured been at work on a full-time basis performing all duties of his/her regular occupation for at least 30 hours per week? (If No, provide details in Section J - Details.) _____ ☐ Yes ☐ No

28. In the past 90 days, has the Proposed Insured been absent from his/her customary place of employment for 5 or more work days due to illness or medical treatment? (If Yes, explain in Section J - Details.) _____ ☐ Yes ☐ No

SECTION I PROPOSED INSURED'S HISTORY (Complete only if age 71 or older. Provide explanations for Yes answers in Section J - Details.)

Medical facility includes medical center, hospital, mental health facility, or any facility for drug or alcohol treatment. **Care Provider** includes, but is not limited to, persons licensed as physicians; chiropractors; physical therapists; psychologists; drug, alcohol, or mental health counselors.

29. In the past 5 years, has the Proposed Insured had his/her driver's license suspended or revoked, or been the driver of a motor vehicle involved in an accident? _____ ☐ Yes ☐ No

30. In the past 10 years, has the Proposed Insured been examined or treated by a care provider, been examined or treated at a hospital or other medical facility, or been counseled or treated for alcohol or other drug use? _____ ☐ Yes ☐ No

31. Has the Proposed Insured ever been treated for any of the following:
 a. Stroke, high blood pressure, chest pain, or disease of the heart or blood vessels? _____ ☐ Yes ☐ No
 b. Cancer? _____ ☐ Yes ☐ No
 c. Respiratory disease, kidney disease, liver disease, or diabetes? _____ ☐ Yes ☐ No
 d. Mental or nervous disorder? _____ ☐ Yes ☐ No

SECTION J DETAILS - Include question #, reasons, dates, diagnosis, duration, names and addresses of medical facilities/care providers.

IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD AND AGREED THAT:

I/we have read the application and all statements and answers contained in this application and any supplements thereto, copies of which shall be attached to and made a part of any policy to be issued, are true and complete to the best of my/our knowledge and belief and made to induce Banner Life Insurance Company (the Company) to issue an insurance policy. The statements and answers in the application are the basis for any policy issued by the Company, and no information about me will be considered to have been given to the Company unless it is stated in the application. I agree to notify the Company of any changes to the statements and answers given in any part of the application before accepting delivery of any policy.

No agent or other person has power to: (a) accept risk; (b) make or modify contracts; (c) make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable; (d) waive any Company rights or requirements; (e) waive any information the Company requests; (f) discharge any contract of insurance; or (g) bind the Company by making promises respecting benefits upon any policy to be issued.

I agree that: **I/we will notify the Insurer if any statement or answer given in any part of the application changes prior to policy delivery. Insurance will not begin unless all persons proposed for insurance are living and insurable as set forth in the application at the time a policy is delivered to and accepted by the Owner and the first modal premium is paid.**

Changes or corrections made by the Company and noted in Section J - Details above are ratified by the Owner upon acceptance of a contract containing this application with the noted changes or corrections. In those states where written consent is required by statute or State Insurance Department regulation for amendments as to plan, amount, classification, age at issue, or benefits, such changes will be made only with the Owner's written consent.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I hereby authorize any physician, medical professional, hospital, clinic or medical care facility; pharmacy benefit manager, prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB, Inc.), to provide the Company and its legal representatives or affiliated insurers, all information they have pertaining to: medical consultations; treatments; hospitalizations for physical and/or mental conditions, use of drugs or alcohol; drug prescriptions; or any other information for me. Other information could include items such as: other insurance information; personal finances; habits; hazardous avocations; motor vehicle records; court records; or foreign travel, etc.

I understand that the information obtained will be used by the Company to determine my eligibility for insurance. I authorize that any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB, Inc.; other persons or organizations performing business or legal services in connection with my application or claim; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I understand that this authorization may be revoked at any time by sending a written request to the Company, Attn: Director of Underwriting, Banner Life Insurance Company, 3275 Bennett Creek Avenue, Frederick, Maryland 21704.

The authorization will be valid for 30 months and shall survive the insured. I agree that a copy of this authorization will be as valid as the original. I authorize the Company to obtain an investigative consumer report on me. I understand that I may request to be interviewed for the report and receive, upon written request, a copy of such report.

If an investigative consumer report is prepared, I elect to be interviewed: ☐ Yes ☐ No

DECLARATION

I/we understand that all premium checks are to be made payable to **Banner Life Insurance Company** (payee should not be left blank); checks are not to be made payable to the agent, agency or other third party. I/we have received the Notice to Proposed Insured, which includes the Medical Information Bureau Pre-Notice Disclosure and the Federal Fair Credit Reporting Notice.

I authorize and appoint the Payor named in this application to act as my Agent for the sole purpose of receiving, accepting, and acknowledging delivery of any resulting insurance policy, and/or any other delivery requirement, issued pursuant to this application.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. **Please see fraud warnings on page 4 prior to signing this application.**

_____ Signature of Proposed Insured	Signed at _____ City/State	
_____ Print Name of Proposed Insured	_____ Date	
_____ Signature of Owner (if other than Proposed Insured)	Signed at _____ State in which Owner Signs the Application	
_____ Print Name of Owner	_____ Owner/Officer Title	_____ Date
_____ Signature of Licensed Insurance Agent	Signed at _____ City/State	_____ Date

FRAUD WARNINGS

Arkansas & District of Columbia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an insurance application is guilty of a crime and may be subject to fines and imprisonment.

Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana, New Mexico, and Rhode Island

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud

Oklahoma

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly and with intent to defraud, or solicits another to defraud, an insurer by submitting an application or filing a claim containing any false or deceptive material information may be guilty of insurance fraud.

Pennsylvania

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

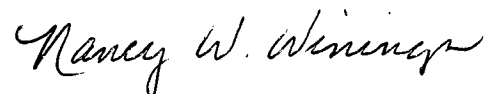
STATEMENT OF VARIABILITY
Policy Form RT-97
Schedule Pages RT97 GTCO

Policy Schedule Page	Description	Valid Entries					
3	Insured’s name, Issue Age, Sex, Owner’s Name, Initial Annual Premium, Issue Date, Policy Date, Rating Classification	Varies based on policy data					
3	Face Amount	Minimum Size is \$50,000					
3	Riders Available	Accelerated Death Benefit and MediGuide					
3	Premium Mode	Annual, Semi-Annual, Quarterly, and PAC					
3	Premium Due Date	Month/Day					
3	Premium Modes Available	<div>Premiums shown for each possible mode.<table><tr><td>Mode</td></tr><tr><td>Annual</td></tr><tr><td>Semi-Annual</td></tr><tr><td>Quarterly</td></tr><tr><td>PAC</td></tr></table></div>	Mode	Annual	Semi-Annual	Quarterly	PAC
Mode							
Annual							
Semi-Annual							
Quarterly							
PAC							
3	End of Conversion Period	Date calculated based on earlier of 10 years measured from Issue Date or attained age 70. If the issue age is greater than 65, then the date is calculated as five years after the Issue Date.					
3	End of Exchange Period	10 years after Issue Date minus 1 day					
3	Term Period	One Year					

STATEMENT OF VARIABILITY
Policy Form RT-97
Schedule Pages RT97 GTCO

3A	Scale of Maximum Annual Renewal Premiums	\$50.00 through Face Amount
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I certify that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.



Nancy W. Winings, F.S.A., M.A.A.A.
Vice President, Product Management
Banner Life Insurance Company

March 29, 2012
Date

Premium Rates per \$1,000 of Death Benefit (Current Scale)
Add \$50 Policy Fee
2/20/2012

Gender	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Issue Age	25	26	27	28	29	30	31	32	33	34	35	36	37	38
Policy														
<u>Year</u>														
1	0.34	0.33	0.32	0.32	0.33	0.34	0.36	0.37	0.40	0.42	0.45	0.48	0.51	0.55
2	0.34	0.34	0.34	0.34	0.34	0.35	0.36	0.38	0.40	0.43	0.46	0.50	0.56	0.62
3	0.35	0.35	0.35	0.35	0.35	0.36	0.37	0.39	0.41	0.44	0.47	0.52	0.57	0.64
4	0.35	0.33	0.32	0.32	0.34	0.36	0.39	0.43	0.48	0.53	0.57	0.61	0.65	0.69
5	0.36	0.34	0.34	0.34	0.35	0.37	0.40	0.44	0.48	0.53	0.58	0.64	0.71	0.78
6	0.36	0.39	0.42	0.44	0.46	0.48	0.49	0.51	0.53	0.55	0.59	0.64	0.71	0.79
7	0.36	0.38	0.40	0.43	0.46	0.49	0.53	0.56	0.61	0.66	0.71	0.77	0.85	0.92
8	0.37	0.39	0.41	0.44	0.47	0.50	0.53	0.57	0.62	0.67	0.72	0.78	0.85	0.92
9	0.37	0.45	0.51	0.56	0.59	0.62	0.64	0.65	0.66	0.68	0.73	0.80	0.90	1.01
10	0.38	0.44	0.50	0.54	0.59	0.63	0.67	0.71	0.75	0.79	0.85	0.91	0.98	1.06
11	0.45	0.48	0.51	0.55	0.59	0.63	0.68	0.73	0.78	0.84	0.90	0.96	1.02	1.08
12	0.46	0.52	0.58	0.63	0.69	0.74	0.79	0.84	0.90	0.95	1.01	1.06	1.10	1.15
13	0.47	0.55	0.61	0.67	0.72	0.76	0.80	0.84	0.88	0.94	1.01	1.10	1.20	1.32
14	0.57	0.61	0.64	0.68	0.73	0.78	0.84	0.90	0.97	1.05	1.14	1.24	1.34	1.47
15	0.58	0.69	0.77	0.83	0.87	0.91	0.94	0.96	1.00	1.06	1.16	1.31	1.50	1.73
16	0.62	0.70	0.76	0.82	0.87	0.91	0.95	1.00	1.05	1.13	1.24	1.38	1.56	1.77
17	0.75	0.80	0.85	0.89	0.93	0.97	1.01	1.07	1.13	1.23	1.36	1.53	1.75	2.01
18	0.76	0.79	0.83	0.87	0.93	1.00	1.09	1.19	1.31	1.46	1.63	1.84	2.09	2.38
19	0.78	0.85	0.92	0.99	1.06	1.14	1.23	1.33	1.46	1.61	1.81	2.06	2.36	2.70
20	0.91	0.88	0.90	0.95	1.04	1.16	1.32	1.52	1.74	1.99	2.26	2.56	2.90	3.26
21	0.91	0.88	0.90	0.95	1.04	1.16	1.32	1.52	1.74	1.99	2.26	2.56	2.89	3.26
22	0.91	0.85	0.86	0.91	1.01	1.16	1.36	1.59	1.86	2.14	2.42	2.71	3.01	3.33
23	0.91	0.88	0.91	1.00	1.14	1.33	1.57	1.85	2.15	2.45	2.73	2.99	3.24	3.49
24	0.91	0.88	0.93	1.04	1.21	1.43	1.71	2.03	2.37	2.71	3.03	3.33	3.62	3.91
25	0.91	0.95	1.06	1.23	1.45	1.71	2.02	2.37	2.74	3.10	3.43	3.73	4.01	4.28
26	0.91	0.99	1.13	1.34	1.60	1.91	2.27	2.66	3.07	3.47	3.83	4.15	4.42	4.69
27	0.94	1.12	1.35	1.62	1.94	2.28	2.66	3.06	3.47	3.87	4.24	4.55	4.81	5.06
28	1.10	1.31	1.57	1.87	2.21	2.58	2.98	3.41	3.84	4.26	4.65	4.96	5.21	5.45
29	1.18	1.42	1.72	2.06	2.44	2.86	3.31	3.79	4.27	4.73	5.15	5.46	5.67	5.88
30	1.42	1.72	2.05	2.42	2.82	3.24	3.69	4.16	4.63	5.10	5.55	5.90	6.17	6.45
31	2.12	2.55	2.96	3.36	3.75	4.13	4.51	4.89	5.29	5.71	6.17	6.60	7.01	7.48
32	2.56	3.02	3.44	3.83	4.21	4.58	4.94	5.31	5.71	6.18	6.74	7.35	8.01	8.77
33	2.90	3.44	3.91	4.32	4.69	5.05	5.39	5.75	6.17	6.72	7.43	8.34	9.44	10.71
34	3.24	3.91	4.46	4.91	5.29	5.63	5.94	6.26	6.67	7.27	8.13	9.35	10.90	12.69
35	3.69	4.35	4.89	5.33	5.73	6.10	6.46	6.85	7.36	8.10	9.15	10.64	12.55	14.74
36	4.14	4.76	5.30	5.77	6.22	6.69	7.17	7.72	8.41	9.35	10.62	12.34	14.50	16.97
37	4.60	5.08	5.57	6.08	6.65	7.29	8.02	8.86	9.87	11.12	12.65	14.55	16.83	19.40
38	5.07	5.27	5.66	6.25	7.03	8.00	9.18	10.55	12.12	13.83	15.70	17.70	19.85	22.24
39	5.65	5.54	5.81	6.46	7.43	8.72	10.34	12.25	14.37	16.57	18.80	20.95	23.10	25.40
40	6.12	5.95	6.26	7.04	8.22	9.79	11.76	14.08	16.63	19.24	21.83	24.28	26.67	29.19
41	6.71	6.70	7.19	8.15	9.54	11.33	13.55	16.14	18.98	21.93	24.90	27.81	30.73	33.82
42	7.31	7.77	8.63	9.87	11.49	13.45	15.80	18.49	21.48	24.68	28.03	31.59	35.40	39.48
43	8.02	9.45	11.00	12.70	14.57	16.64	18.93	21.47	24.30	27.49	31.08	35.25	40.02	45.23
44	8.75	11.05	13.26	15.42	17.60	19.86	22.20	24.70	27.49	30.72	34.52	39.13	44.54	50.49
45	9.82	12.64	15.31	17.88	20.42	23.00	25.62	28.37	31.41	34.92	39.05	44.06	49.92	56.37
46	11.36	14.32	17.24	20.15	23.11	26.16	29.32	32.66	36.29	40.34	44.92	50.21	56.19	62.72
47	13.49	16.13	19.03	22.20	25.64	29.36	33.38	37.70	42.32	47.22	52.40	57.85	63.62	69.79
48	16.68	18.58	21.16	24.37	28.15	32.47	37.36	42.73	48.44	54.27	60.10	65.71	71.22	76.97
49	19.91	21.47	23.92	27.21	31.24	35.96	41.40	47.44	53.87	60.35	66.72	72.61	78.17	83.96
50	23.05	24.79	27.49	31.08	35.46	40.56	46.43	52.93	59.82	66.76	73.55	79.68	85.32	91.21
51	26.22	28.89	32.30	36.41	41.17	46.53	52.53	59.10	66.08	73.25	80.48	87.15	94.36	102.18
52	29.42	33.81	38.46	43.38	48.59	54.13	60.01	66.26	72.91	79.98	87.50	95.21	103.59	112.72
53	32.53	38.79	44.77	50.54	56.23	61.92	67.63	73.49	79.75	86.72	94.61	103.56	113.35	124.07
54	36.02	43.45	50.28	56.62	62.66	68.56	74.31	80.14	86.44	93.72	102.31	112.65	124.03	136.57
55	40.63	48.93	56.37	63.09	69.36	75.38	81.15	86.97	93.37	101.06	110.48	122.38	135.56	150.16
56	46.60	47.41	52.20	60.33	70.63	82.27	89.07	96.43	104.41	113.04	122.38	135.57	150.20	166.41
57	54.20	53.37	57.42	65.58	76.49	89.21	97.00	105.47	114.67	124.68	135.57	150.20	166.41	184.25
58	62.00	59.24	62.39	70.57	82.22	96.22	105.18	114.98	125.69	137.40	150.20	166.41	184.25	
59	68.64	64.27	66.88	75.45	88.17	103.79	114.07	125.36	137.77	151.42	166.41	184.25		
60	75.46	69.34	71.37	80.39	94.36	111.81	123.56	136.54	150.88	166.73	184.25			
61	82.34	89.30	96.85	105.04	113.92	123.55	136.53	150.90	166.80	184.25				
62	89.29	97.20	105.82	115.20	125.41	136.53	150.90	166.80	184.25					
63	96.29	105.34	115.25	126.08	137.93	150.90	166.80	184.25						
64	103.86	114.18	125.53	138.01	151.72	166.80	184.25							
65	111.87	123.61	136.58	150.91	166.75	184.25								
66	123.60	136.57	150.93	166.82	184.25									
67	136.57	150.93	166.82	184.25										
68	150.93	166.82	184.25											
69	166.82	184.25												
70	184.25													

Gross Premium Rates per \$1,000 of Death Benefit - Current Scale
Add \$50 Policy Fee

Gender Issue Age	F 39	F 40	F 41	F 42	F 43	F 44	F 45	F 46	F 47	F 48	F 49	F 50	F 51	F 52	F 53	
Policy Year	1	0.58	0.62	0.66	0.70	0.74	0.79	0.84	0.89	0.95	1.01	1.09	1.19	1.31	1.46	1.62
	2	0.68	0.74	0.79	0.83	0.87	0.92	0.97	1.02	1.08	1.14	1.22	1.35	1.53	1.75	2.00
	3	0.70	0.76	0.81	0.84	0.88	0.93	1.00	1.09	1.19	1.31	1.46	1.63	1.84	2.09	2.38
	4	0.73	0.78	0.84	0.90	0.97	1.05	1.14	1.24	1.34	1.47	1.62	1.81	2.06	2.36	2.70
	5	0.85	0.91	0.95	0.98	1.01	1.06	1.16	1.31	1.50	1.73	1.99	2.26	2.56	2.90	3.26
	6	0.86	0.94	1.00	1.05	1.10	1.18	1.31	1.49	1.72	1.98	2.28	2.59	2.94	3.34	3.77
	7	1.00	1.08	1.14	1.18	1.22	1.31	1.46	1.71	2.03	2.42	2.82	3.21	3.60	4.01	4.43
	8	1.01	1.10	1.19	1.28	1.39	1.53	1.74	2.04	2.42	2.85	3.30	3.73	4.16	4.60	5.05
	9	1.13	1.25	1.35	1.43	1.52	1.67	1.90	2.25	2.71	3.23	3.77	4.28	4.78	5.28	5.79
	10	1.16	1.28	1.42	1.58	1.78	2.02	2.33	2.75	3.27	3.85	4.44	4.99	5.50	6.01	6.51
	11	1.16	1.28	1.42	1.58	1.77	2.02	2.33	2.75	3.26	3.84	4.43	4.99	5.50	5.99	6.48
	12	1.23	1.35	1.51	1.72	1.96	2.24	2.57	2.96	3.42	3.92	4.45	4.99	5.51	6.02	6.58
	13	1.46	1.63	1.84	2.08	2.35	2.65	2.99	3.37	3.78	4.24	4.74	5.26	5.75	6.22	6.76
	14	1.62	1.81	2.06	2.36	2.70	3.07	3.43	3.79	4.15	4.54	4.97	5.48	5.97	6.44	7.02
	15	1.99	2.26	2.56	2.90	3.26	3.63	4.01	4.37	4.71	5.08	5.50	6.01	6.48	6.91	7.48
	16	2.00	2.26	2.55	2.87	3.23	3.61	4.01	4.41	4.81	5.25	5.76	6.40	7.09	7.82	8.69
	17	2.28	2.57	2.88	3.21	3.56	3.95	4.36	4.76	5.15	5.59	6.17	6.94	7.92	9.10	10.47
	18	2.68	2.99	3.32	3.66	4.03	4.43	4.86	5.24	5.58	5.99	6.61	7.58	9.02	10.86	13.01
	19	3.07	3.43	3.80	4.19	4.59	5.02	5.48	5.83	6.08	6.42	7.06	8.21	10.11	12.67	15.64
	20	3.63	4.01	4.38	4.75	5.13	5.55	6.01	6.36	6.60	6.94	7.69	9.06	11.42	14.63	18.36
	21	3.63	4.01	4.38	4.75	5.14	5.57	6.06	6.46	6.78	7.22	8.03	9.43	11.76	14.90	18.52
	22	3.66	4.01	4.36	4.70	5.08	5.52	6.06	6.59	7.11	7.77	8.76	10.25	12.52	15.49	18.88
	23	3.76	4.06	4.37	4.69	5.04	5.49	6.06	6.70	7.39	8.25	9.40	10.97	13.19	16.00	19.19
	24	4.20	4.50	4.73	4.89	5.09	5.44	6.06	6.99	8.18	9.61	11.24	13.03	15.05	17.33	19.85
	25	4.55	4.85	5.08	5.24	5.44	5.84	6.57	7.75	9.31	11.15	13.10	15.01	16.79	18.55	20.45
	26	4.97	5.30	5.59	5.85	6.16	6.69	7.56	8.91	10.69	12.76	14.91	16.99	18.86	20.64	22.54
	27	5.35	5.74	6.16	6.60	7.13	7.88	8.93	10.40	12.26	14.40	16.68	18.98	21.24	23.55	26.04
	28	5.78	6.27	6.92	7.70	8.62	9.71	11.00	12.52	14.29	16.29	18.49	20.88	23.49	26.37	29.50
	29	6.22	6.80	7.67	8.77	10.08	11.52	13.06	14.68	16.44	18.38	20.55	23.01	25.84	29.04	32.56
	30	6.88	7.59	8.64	9.99	11.56	13.27	15.04	16.86	18.78	20.88	23.21	25.84	28.62	31.56	34.90
	31	8.13	9.06	10.37	12.03	13.93	15.94	17.96	19.90	21.84	23.94	26.38	29.32	32.66	36.35	40.61
	32	9.71	10.89	12.37	14.13	16.14	18.34	20.68	23.16	25.85	28.77	32.01	35.62	39.36	43.26	47.69
	33	12.11	13.62	15.19	16.87	18.74	20.90	23.44	26.48	30.00	33.91	38.10	42.47	46.63	50.70	55.26
	34	14.58	16.44	18.17	19.85	21.67	23.86	26.60	30.09	34.23	38.89	43.84	48.92	53.61	58.10	63.12
	35	17.03	19.24	21.24	23.15	25.19	27.63	30.71	34.64	39.30	44.54	50.12	55.84	61.07	66.01	71.59
	36	19.56	22.13	24.55	26.96	29.52	32.48	36.04	40.33	45.26	50.77	56.77	63.17	69.76	77.03	85.06
	37	22.18	25.09	28.12	31.34	34.82	38.63	42.85	47.42	52.35	57.79	63.92	70.89	78.78	87.56	97.30
	38	24.94	28.03	31.64	35.76	40.30	45.10	50.06	54.92	59.80	65.11	71.37	79.01	88.45	99.01	110.84
	39	28.09	31.35	35.40	40.15	45.43	50.97	56.58	61.84	66.95	72.50	79.28	87.95	99.16	111.79	126.04
	40	32.13	35.72	40.18	45.42	51.23	57.32	63.47	69.11	74.47	80.33	87.77	97.65	110.87	125.88	142.93
	41	37.31	41.37	46.14	51.56	57.54	63.92	70.62	77.32	84.65	92.68	101.47	111.09	126.26	143.36	162.66
	42	43.87	48.58	53.57	58.86	64.60	70.95	78.04	85.92	94.60	104.16	114.68	126.26	143.36	162.66	184.25
	43	50.64	56.08	61.28	66.41	71.86	78.15	85.73	95.01	105.31	116.71	129.35	143.36	162.66	184.25	
	44	56.62	62.67	68.21	73.47	79.04	85.71	94.14	105.02	117.16	130.70	145.81	162.66	184.25		
	45	63.00	69.52	75.36	80.78	86.56	93.74	103.18	115.87	130.11	146.11	164.08	184.25			
	46	69.56	76.54	83.17	90.37	98.20	106.71	115.95	130.27	146.30	164.27	184.25				
	47	76.46	83.72	91.46	99.92	109.15	119.25	130.27	146.30	164.27	184.25					
	48	83.45	91.06	100.12	110.08	121.03	133.06	146.30	164.27	184.25						
	49	90.71	99.04	109.59	121.26	134.17	148.46	164.27	184.25							
	50	98.35	107.56	119.78	133.40	148.56	165.45	184.25								
	51	110.65	119.81	133.45	148.64	165.56	184.25									
	52	122.65	133.45	148.64	165.56	184.25										
	53	135.80	148.64	165.56	184.25											
	54	150.37	165.56	184.25												
	55	166.33	184.25													
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Gross Premium Rates per \$1,000 of Death Benefit - Current Scale
Add \$50 Policy Fee

Gender Issue Age	F 54	F 55	F 56	F 57	F 58	F 59	F 60	F 61	F 62	F 63	F 64	F 65	F 66	F 67	F 68
Policy Year															
1	1.82	2.06	2.35	2.70	3.08	3.48	3.88	4.23	4.56	4.92	5.37	5.98	6.74	7.62	8.65
2	2.28	2.57	2.88	3.22	3.59	3.97	4.36	4.70	5.00	5.34	5.83	6.56	7.56	8.79	10.26
3	2.68	2.99	3.32	3.67	4.05	4.45	4.86	5.19	5.45	5.77	6.33	7.26	8.64	10.47	12.65
4	3.07	3.43	3.80	4.20	4.61	5.04	5.48	5.79	5.99	6.26	6.85	7.97	9.75	12.19	15.12
5	3.63	4.01	4.38	4.75	5.13	5.55	6.01	6.35	6.58	6.92	7.65	9.02	11.19	14.19	17.79
6	4.21	4.63	5.01	5.37	5.73	6.15	6.66	7.09	7.43	7.92	8.86	10.51	13.06	16.55	20.72
7	4.85	5.27	5.64	5.96	6.31	6.74	7.33	7.93	8.51	9.30	10.58	12.58	15.50	19.40	24.01
8	5.50	5.95	6.32	6.61	6.93	7.40	8.14	9.05	10.10	11.43	13.23	15.67	18.92	23.04	27.85
9	6.30	6.78	7.13	7.36	7.62	8.10	8.96	10.18	11.69	13.57	15.92	18.84	22.49	26.98	32.12
10	7.01	7.52	7.91	8.20	8.53	9.13	10.17	11.65	13.48	15.76	18.56	21.96	26.17	31.33	37.21
11	7.00	7.59	8.16	8.71	9.35	10.21	11.40	12.88	14.60	16.69	19.29	22.54	26.61	31.61	37.33
12	7.22	7.99	8.91	9.97	11.15	12.46	13.89	15.17	16.36	17.80	19.98	23.31	28.10	34.44	41.87
13	7.48	8.47	9.90	11.73	13.78	15.80	17.59	18.63	19.09	19.62	21.14	24.37	29.79	37.41	46.56
14	7.86	9.10	11.08	13.72	16.66	19.39	21.48	22.11	21.58	20.89	21.44	24.37	30.28	39.08	49.88
15	8.39	9.85	12.33	15.72	19.51	22.94	25.44	25.95	24.89	23.51	23.52	26.34	32.64	42.22	54.10
16	9.85	11.40	13.69	16.66	19.94	23.01	25.44	26.33	25.97	25.51	26.45	30.07	37.02	47.17	59.60
17	12.06	13.89	16.20	18.98	21.99	24.87	27.34	28.56	28.76	28.98	30.61	34.81	42.20	52.68	65.41
18	15.30	17.59	20.03	22.70	25.47	28.15	30.58	31.97	32.45	33.03	35.05	39.63	47.33	58.07	71.08
19	18.67	21.48	24.12	26.77	29.38	31.89	34.25	35.63	36.10	36.71	38.85	43.67	51.74	62.92	76.52
20	22.09	25.44	28.43	31.31	34.06	36.65	39.05	40.45	40.89	41.40	43.32	47.79	55.23	65.42	77.87
21	22.16	25.44	28.35	31.11	33.78	36.41	39.05	41.05	42.41	43.97	46.83	51.91	60.30	70.06	81.39
22	22.30	25.44	28.25	30.93	33.56	36.24	39.05	41.26	42.89	44.86	48.44	54.68	64.54	76.17	89.90
23	22.42	25.44	28.21	30.92	33.61	36.34	39.17	41.13	42.26	43.82	47.49	54.68	66.23	80.23	97.19
24	22.57	25.44	28.64	32.20	35.95	39.67	43.16	45.14	45.81	46.82	50.39	58.35	71.59	87.84	107.77
25	22.68	25.44	29.07	33.49	38.32	43.04	47.23	49.27	49.53	50.07	53.65	62.56	77.65	96.37	119.61
26	24.82	27.71	31.21	35.24	39.87	45.20	51.30	58.12	65.84	74.59	84.50	95.73	113.58	134.07	157.54
27	28.84	32.08	35.52	39.13	43.31	48.58	55.37	63.93	73.80	85.21	98.38	113.58	134.07	157.54	184.25
28	32.89	36.52	39.86	42.97	46.63	51.84	59.44	69.94	82.30	96.83	113.94	134.07	157.54	184.25	
29	36.31	40.24	43.52	46.28	49.63	55.07	63.82	76.46	91.61	109.75	131.49	157.54	184.25		
30	38.97	44.04	49.86	56.38	64.10	73.64	85.54	99.73	116.27	135.55	158.04	184.25			
31	45.70	51.86	59.19	67.55	77.10	87.99	100.43	117.46	136.91	159.11	184.25				
32	53.15	60.04	68.66	78.53	89.81	102.71	117.46	136.91	159.11	184.25					
33	61.09	68.82	78.97	90.62	103.98	119.31	136.91	159.11	184.25						
34	69.67	78.58	90.49	104.20	119.99	138.17	159.11	184.25							
35	79.01	89.28	103.20	119.29	137.89	159.40	184.25								
36	93.93	103.72	120.18	138.90	160.20	184.25									
37	108.14	120.18	138.90	160.20	184.25										
38	124.08	138.90	160.20	184.25											
39	142.09	160.20	184.25												
40	162.28	184.25													
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Gross Premium Rates per \$1,000 of Death Benefit - Current Scale
Add \$50 Policy Fee

Gender	F	F	F	F	F	F	F	M	M	M	M	M	M	M	M
Issue Age	69	70	71	72	73	74	75	25	26	27	28	29	30	31	32
Policy															
<u>Year</u>															
1	9.90	11.40	13.20	15.32	17.81	20.71	24.08	0.47	0.45	0.45	0.45	0.46	0.47	0.49	0.52
2	11.96	13.89	16.05	18.47	21.14	24.10	27.34	0.47	0.46	0.45	0.45	0.46	0.47	0.49	0.51
3	15.06	17.59	20.19	22.84	25.50	28.10	30.58	0.48	0.47	0.47	0.47	0.47	0.48	0.50	0.52
4	18.29	21.48	24.56	27.51	30.20	32.50	34.25	0.48	0.45	0.43	0.43	0.45	0.48	0.52	0.58
5	21.63	25.44	29.04	32.37	35.27	37.57	39.05	0.49	0.46	0.44	0.44	0.45	0.48	0.52	0.57
6	25.16	29.57	33.72	37.57	40.92	43.58	45.28	0.49	0.52	0.54	0.57	0.59	0.61	0.63	0.65
7	28.94	33.88	38.63	43.13	47.20	50.64	53.22	0.49	0.50	0.52	0.54	0.57	0.61	0.66	0.71
8	32.99	38.24	43.41	48.48	53.29	57.70	61.51	0.50	0.50	0.52	0.54	0.57	0.61	0.66	0.71
9	37.60	43.20	48.75	54.23	59.49	64.41	68.79	0.50	0.57	0.63	0.67	0.71	0.74	0.76	0.78
10	43.42	49.67	55.77	61.68	67.20	72.18	76.38	0.50	0.55	0.59	0.64	0.69	0.74	0.79	0.85
11	43.44	49.67	55.86	61.98	67.88	73.41	78.36	0.60	0.61	0.64	0.66	0.70	0.74	0.79	0.84
12	49.72	57.46	64.72	71.41	77.18	81.72	84.58	0.60	0.65	0.70	0.76	0.81	0.87	0.93	0.99
13	56.16	65.41	73.74	80.99	86.61	90.11	90.79	0.61	0.68	0.73	0.79	0.84	0.89	0.94	0.99
14	61.23	72.08	81.63	89.69	95.51	98.42	97.49	0.74	0.74	0.76	0.79	0.84	0.90	0.97	1.06
15	66.71	78.87	89.73	99.08	106.11	110.10	110.02	0.74	0.82	0.89	0.95	1.00	1.05	1.10	1.15
16	72.80	85.67	97.39	107.76	116.03	121.51	123.23	0.74	0.81	0.88	0.93	0.99	1.05	1.11	1.18
17	79.02	92.47	105.04	116.56	126.35	133.79	138.00	0.87	0.96	1.03	1.09	1.15	1.20	1.25	1.31
18	85.12	99.27	112.87	125.80	137.46	147.28	154.52	0.89	0.94	1.00	1.06	1.13	1.22	1.32	1.44
19	91.36	106.58	121.58	136.27	150.10	162.57	172.98	0.90	1.01	1.11	1.20	1.29	1.39	1.49	1.60
20	91.79	106.58	121.85	137.60	153.47	169.17	184.25	1.05	1.06	1.11	1.18	1.29	1.43	1.60	1.81
21	94.55	109.84	125.22	142.60	162.24	184.25		1.05	1.09	1.16	1.24	1.35	1.49	1.65	1.85
22	106.10	125.22	142.60	162.24	184.25			1.20	1.17	1.21	1.31	1.46	1.66	1.91	2.21
23	117.72	142.60	162.24	184.25				1.22	1.26	1.36	1.52	1.72	1.97	2.27	2.60
24	132.23	162.24	184.25					1.39	1.39	1.47	1.63	1.86	2.15	2.50	2.91
25	148.45	184.25						1.43	1.54	1.72	1.97	2.28	2.63	3.04	3.48
26	184.25							1.49	1.60	1.77	2.00	2.29	2.63	3.02	3.45
27								1.66	1.89	2.16	2.47	2.82	3.21	3.63	4.08
28								1.97	2.21	2.51	2.86	3.25	3.67	4.13	4.62
29								2.15	2.43	2.77	3.18	3.64	4.14	4.68	5.26
30								2.63	2.96	3.34	3.78	4.26	4.77	5.32	5.90
31								2.63	2.98	3.37	3.80	4.27	4.77	5.31	5.87
32								2.63	3.05	3.47	3.89	4.32	4.77	5.24	5.73
33								2.88	3.40	3.84	4.23	4.58	4.93	5.28	5.66
34								3.24	3.91	4.44	4.86	5.22	5.55	5.86	6.20
35								3.72	4.39	4.92	5.34	5.72	6.08	6.44	6.86
36								4.22	4.85	5.38	5.84	6.28	6.74	7.23	7.82
37								4.73	5.22	5.70	6.19	6.75	7.41	8.17	9.08
38								5.24	5.43	5.82	6.40	7.20	8.22	9.48	10.97
39								5.89	5.75	6.00	6.65	7.67	9.04	10.79	12.89
40								6.44	6.22	6.52	7.31	8.56	10.25	12.40	14.96
41								7.11	7.05	7.53	8.53	10.01	11.96	14.41	17.30
42								7.80	8.26	9.14	10.45	12.19	14.34	16.95	20.00
43								8.63	10.13	11.77	13.58	15.61	17.90	20.48	23.39
44								9.47	11.93	14.29	16.63	19.02	21.55	24.22	27.15
45								10.71	13.74	16.63	19.42	22.24	25.16	28.19	31.45
46								12.47	15.66	18.84	22.04	25.36	28.86	32.56	36.54
47								14.92	17.74	20.90	24.43	28.34	32.65	37.39	42.58
48								18.58	20.56	23.37	26.98	31.34	36.40	42.21	48.69
49								22.32	23.91	26.61	30.35	35.05	40.64	47.17	54.52
50								26.00	27.80	30.80	34.93	40.09	46.20	53.32	61.30
51								29.77	32.65	36.50	41.28	46.93	53.41	60.77	68.93
52								33.62	38.50	43.82	49.58	55.83	62.59	69.90	77.80
53								37.40	44.51	51.44	58.25	65.11	72.13	79.32	86.86
54								41.68	50.22	58.20	65.75	73.11	80.45	87.78	95.38
55								47.29	56.95	65.73	73.81	81.52	89.09	96.53	104.21
56								54.57	54.81	60.33	70.27	83.15	97.91	106.76	116.41
57								63.84	62.12	66.80	76.89	90.68	106.91	117.05	128.15
58								73.44	69.37	73.04	83.29	98.12	116.10	127.77	140.60
59								81.77	75.71	78.76	89.59	105.91	126.07	139.46	154.26
60								90.40	82.14	84.52	96.05	114.06	136.70	152.02	169.05
61								99.20	108.04	117.68	128.17	139.59	152.04	169.09	188.07
62								108.15	118.26	129.32	141.41	154.63	169.09	188.07	209.17
63								117.26	128.88	141.65	155.69	171.11	188.07	209.17	232.47
64								127.14	140.45	155.16	171.40	189.35	209.17	232.47	
65								137.66	152.87	169.76	188.51	209.34	232.47		
66								152.88	169.79	188.57	209.45	232.47			
67								169.79	188.57	209.45	232.47				
68								188.57	209.45	232.47					
69								209.45	232.47						
70								232.47							

Gross Premium Rates per \$1,000 of Death Benefit - Current Scale
Add \$50 Policy Fee

Gender	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Issue Age	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47
Policy															
<u>Year</u>															
1	0.54	0.57	0.60	0.62	0.64	0.67	0.69	0.73	0.78	0.83	0.90	0.97	1.04	1.11	1.18
2	0.53	0.56	0.60	0.64	0.69	0.75	0.81	0.87	0.93	0.99	1.06	1.13	1.20	1.27	1.33
3	0.54	0.57	0.61	0.65	0.71	0.77	0.83	0.89	0.95	1.00	1.06	1.13	1.22	1.33	1.45
4	0.64	0.69	0.74	0.77	0.80	0.82	0.85	0.90	0.97	1.06	1.16	1.27	1.39	1.51	1.62
5	0.62	0.68	0.74	0.80	0.86	0.92	0.98	1.05	1.11	1.16	1.22	1.31	1.43	1.60	1.80
6	0.68	0.71	0.75	0.80	0.85	0.92	0.99	1.07	1.15	1.23	1.32	1.44	1.60	1.80	2.04
7	0.76	0.82	0.88	0.94	1.00	1.07	1.14	1.22	1.30	1.38	1.47	1.60	1.79	2.06	2.40
8	0.77	0.83	0.89	0.95	1.00	1.06	1.14	1.24	1.36	1.50	1.67	1.88	2.13	2.45	2.83
9	0.80	0.84	0.89	0.96	1.05	1.15	1.27	1.40	1.54	1.68	1.85	2.06	2.33	2.69	3.14
10	0.90	0.97	1.03	1.09	1.13	1.19	1.28	1.42	1.62	1.86	2.16	2.49	2.86	3.29	3.78
11	0.90	0.97	1.04	1.11	1.17	1.24	1.35	1.49	1.68	1.91	2.19	2.50	2.86	3.28	3.77
12	1.06	1.13	1.20	1.27	1.33	1.40	1.50	1.66	1.88	2.15	2.47	2.82	3.21	3.66	4.17
13	1.05	1.13	1.22	1.33	1.45	1.59	1.76	1.97	2.23	2.53	2.88	3.26	3.67	4.13	4.65
14	1.16	1.27	1.39	1.51	1.62	1.75	1.92	2.15	2.45	2.81	3.22	3.67	4.14	4.65	5.21
15	1.21	1.30	1.43	1.60	1.80	2.05	2.32	2.63	2.98	3.38	3.82	4.29	4.77	5.27	5.79
16	1.25	1.36	1.49	1.65	1.85	2.07	2.33	2.63	2.97	3.35	3.79	4.26	4.79	5.34	5.92
17	1.39	1.50	1.66	1.88	2.16	2.49	2.84	3.21	3.59	3.98	4.41	4.89	5.42	5.94	6.47
18	1.58	1.76	1.97	2.23	2.54	2.90	3.27	3.67	4.08	4.53	5.00	5.51	6.07	6.54	6.95
19	1.74	1.92	2.15	2.45	2.81	3.23	3.68	4.14	4.62	5.14	5.69	6.28	6.89	7.34	7.66
20	2.05	2.33	2.63	2.98	3.38	3.82	4.29	4.77	5.26	5.77	6.32	6.92	7.59	8.12	8.52
21	2.07	2.33	2.63	2.98	3.38	3.82	4.29	4.77	5.25	5.74	6.28	6.89	7.61	8.28	8.90
22	2.54	2.88	3.21	3.52	3.83	4.15	4.51	4.95	5.44	5.99	6.61	7.35	8.25	9.23	10.29
23	2.96	3.32	3.67	3.99	4.29	4.60	4.97	5.42	5.92	6.45	7.08	7.91	9.01	10.46	12.22
24	3.33	3.75	4.14	4.47	4.75	5.03	5.36	5.80	6.26	6.74	7.33	8.19	9.43	11.25	13.60
25	3.94	4.37	4.77	5.08	5.30	5.52	5.82	6.26	6.77	7.33	8.04	9.07	10.54	12.71	15.53
26	3.91	4.36	4.79	5.16	5.48	5.81	6.24	6.83	7.50	8.24	9.16	10.41	12.13	14.59	17.73
27	4.54	4.99	5.42	5.76	6.03	6.31	6.73	7.40	8.29	9.35	10.65	12.29	14.34	17.02	20.32
28	5.12	5.61	6.07	6.39	6.60	6.82	7.26	8.08	9.34	10.98	12.95	15.19	17.65	20.45	23.63
29	5.84	6.39	6.89	7.18	7.29	7.41	7.83	8.77	10.39	12.59	15.22	18.06	20.96	23.95	27.15
30	6.49	7.06	7.59	7.90	8.02	8.18	8.68	9.79	11.72	14.35	17.48	20.81	24.14	27.48	31.00
31	6.45	7.02	7.59	7.99	8.24	8.55	9.17	10.34	12.23	14.75	17.72	20.91	24.14	27.40	30.83
32	6.28	6.89	7.59	8.29	8.99	9.83	10.95	12.50	14.58	17.15	20.13	23.40	26.89	30.64	34.76
33	6.13	6.79	7.67	8.80	10.18	11.80	13.65	15.72	18.00	20.52	23.36	26.63	30.41	34.92	40.15
34	6.68	7.40	8.47	9.97	11.89	14.13	16.56	19.08	21.58	24.15	27.00	30.35	34.43	39.53	45.56
35	7.44	8.34	9.63	11.47	13.82	16.56	19.49	22.46	25.33	28.24	31.40	35.13	39.66	45.32	52.02
36	8.61	9.74	11.29	13.41	16.09	19.19	22.53	25.96	29.40	32.97	36.85	41.28	46.44	52.56	59.57
37	10.23	11.70	13.57	15.93	18.78	22.05	25.68	29.58	33.82	38.47	43.56	49.10	55.10	61.56	68.54
38	12.73	14.73	16.99	19.49	22.26	25.39	29.01	33.21	38.23	44.07	50.52	57.33	64.26	71.06	77.93
39	15.27	17.83	20.52	23.24	26.05	29.17	32.85	37.33	42.94	49.61	57.02	64.76	72.50	79.78	86.88
40	17.84	20.89	24.03	27.14	30.29	33.73	37.78	42.71	48.88	56.19	64.31	72.76	81.18	88.90	96.27
41	20.56	24.03	27.65	31.34	35.19	39.38	44.14	49.69	56.29	63.86	72.22	81.07	90.18	98.90	108.47
42	23.45	27.25	31.37	35.89	40.87	46.31	52.22	58.60	65.50	72.97	81.07	89.89	99.50	109.65	120.83
43	26.73	30.60	35.07	40.40	46.59	53.43	60.62	67.93	75.12	82.40	90.17	98.94	109.13	120.97	134.09
44	30.49	34.48	39.26	45.17	52.20	60.00	68.13	76.21	83.83	91.29	99.22	108.45	119.66	133.42	148.76
45	35.14	39.52	44.75	51.21	58.87	67.36	76.16	84.87	92.89	100.55	108.73	118.55	130.98	146.91	164.77
46	40.97	46.03	51.86	58.73	66.62	75.30	84.45	93.79	102.61	112.26	122.82	134.36	147.00	164.93	185.02
47	48.23	54.34	60.93	68.07	75.80	84.16	93.20	102.96	113.13	124.31	136.60	150.10	164.93	185.02	207.50
48	55.69	62.96	70.38	77.77	85.27	93.22	102.13	112.38	124.16	137.18	151.57	167.46	185.02	207.50	232.47
49	62.42	70.55	78.68	86.48	94.11	102.18	111.47	122.66	136.26	151.37	168.15	186.79	207.50	232.47	
50	69.86	78.61	87.33	95.49	103.28	111.54	121.36	133.65	149.30	166.77	186.30	208.11	232.47		
51	77.70	86.84	96.19	105.04	114.70	125.25	136.77	149.35	166.87	186.44	208.28	232.47			
52	86.31	95.45	105.27	115.43	126.57	138.79	152.18	166.87	186.44	208.28	232.47				
53	95.03	104.18	114.55	126.27	139.19	153.43	169.13	186.44	208.28	232.47					
54	103.70	113.32	124.65	138.13	153.06	169.62	187.96	208.28	232.47						
55	112.76	122.98	135.43	150.88	168.10	187.29	208.66	232.47							
56	126.93	138.41	150.92	168.17	187.39	208.80									
57	140.30	153.60	168.17	187.39	208.80	232.47									
58	154.73	170.28	187.39	208.80	232.47										
59	170.64	188.76	208.80	232.47											
60	187.99	209.05	232.47												
61	209.17	232.47													
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Gross Premium Rates per \$1,000 of Death Benefit - Current Scale
Add \$50 Policy Fee

Gender Issue Age	M 48	M 49	M 50	M 51	M 52	M 53	M 54	M 55	M 56	M 57	M 58	M 59	M 60	M 61	M 62
Policy Year															
1	1.26	1.36	1.49	1.65	1.85	2.07	2.33	2.63	2.98	3.39	3.83	4.31	4.79	5.22	5.61
2	1.40	1.50	1.66	1.88	2.16	2.49	2.84	3.21	3.59	4.01	4.45	4.92	5.42	5.85	6.23
3	1.59	1.76	1.97	2.23	2.54	2.90	3.27	3.67	4.09	4.53	5.01	5.52	6.07	6.52	6.88
4	1.75	1.92	2.15	2.45	2.81	3.23	3.68	4.14	4.62	5.14	5.69	6.28	6.89	7.34	7.66
5	2.05	2.32	2.63	2.98	3.38	3.82	4.29	4.77	5.26	5.77	6.32	6.92	7.59	8.12	8.52
6	2.32	2.63	2.98	3.38	3.84	4.35	4.88	5.42	5.95	6.47	7.04	7.69	8.46	9.15	9.76
7	2.79	3.21	3.63	4.06	4.53	5.02	5.53	6.08	6.61	7.13	7.71	8.43	9.36	10.33	11.34
8	3.25	3.70	4.16	4.62	5.11	5.62	6.17	6.76	7.31	7.83	8.43	9.26	10.44	11.92	13.65
9	3.64	4.17	4.70	5.23	5.78	6.35	6.96	7.61	8.17	8.65	9.23	10.13	11.55	13.54	16.01
10	4.31	4.87	5.42	5.95	6.48	7.03	7.63	8.33	8.97	9.56	10.29	11.42	13.16	15.61	18.68
11	4.31	4.87	5.42	5.91	6.36	6.85	7.47	8.33	9.42	10.71	12.23	14.00	16.04	18.14	20.35
12	4.72	5.28	5.82	6.22	6.52	6.86	7.44	8.42	9.93	11.90	14.21	16.72	19.31	21.75	24.17
13	5.21	5.79	6.37	6.80	7.10	7.47	8.18	9.46	11.56	14.39	17.67	21.03	24.19	26.72	28.85
14	5.81	6.44	7.07	7.51	7.79	8.16	8.97	10.53	13.23	16.93	21.21	25.47	29.24	31.95	33.95
15	6.34	6.95	7.62	8.15	8.54	9.09	10.16	12.07	15.32	19.76	24.86	29.90	34.28	37.37	39.57
16	6.57	7.36	8.32	9.42	10.63	12.07	13.84	16.04	18.97	22.58	26.58	30.59	34.28	36.96	38.88
17	7.08	7.89	9.01	10.51	12.36	14.50	16.84	19.31	22.06	25.15	28.45	31.77	34.96	37.23	38.74
18	7.45	8.28	9.63	11.74	14.54	17.76	21.07	24.19	27.11	30.02	32.96	35.98	39.13	41.70	43.71
19	8.08	8.94	10.53	13.24	16.95	21.22	25.47	29.24	32.40	35.25	37.96	40.76	43.85	46.49	48.64
20	9.07	10.15	12.07	15.33	19.76	24.86	29.90	34.28	37.86	41.00	43.90	46.84	50.04	52.81	55.06
21	9.70	10.98	12.99	16.18	20.43	25.27	30.06	34.28	37.68	40.61	43.37	46.40	50.04	54.00	58.12
22	11.56	13.19	15.34	18.31	22.06	26.25	30.45	34.28	37.49	40.33	43.13	46.37	50.43	55.20	60.50
23	14.26	16.50	18.89	21.46	24.28	27.34	30.67	34.28	38.24	42.58	47.26	52.22	57.41	62.28	66.94
24	16.29	19.05	21.66	23.96	26.09	28.32	30.95	34.28	38.57	43.70	49.40	55.30	61.11	65.84	69.77
25	18.73	21.97	24.95	27.45	29.66	31.90	34.58	38.06	42.66	48.20	54.36	60.70	66.87	71.51	74.95
26	21.29	24.89	28.25	31.16	33.83	36.54	39.64	43.45	48.14	53.57	59.59	66.00	72.63	79.16	86.28
27	24.02	27.85	31.55	35.06	38.54	42.13	46.00	50.30	54.84	59.57	64.82	70.98	78.40	87.51	97.68
28	27.14	30.86	34.71	38.77	43.11	47.68	52.42	57.27	61.60	65.51	69.86	75.76	84.16	96.13	109.81
29	30.59	34.29	38.26	42.65	47.48	52.61	57.87	63.10	67.28	70.60	74.41	80.49	90.36	105.47	123.10
30	34.73	38.70	42.95	47.62	52.72	58.11	63.61	69.05	72.98	75.62	78.87	85.25	96.88	115.41	137.50
31	34.51	38.52	42.95	47.90	53.35	59.26	65.54	72.14	78.73	85.93	93.79	102.36	111.72	135.83	163.67
32	39.24	44.08	49.28	54.81	60.73	67.16	74.27	82.19	90.88	100.48	111.10	122.85	135.83	163.67	195.75
33	45.92	51.98	58.14	64.08	69.98	76.34	83.79	92.88	104.02	116.50	130.48	146.14	163.67	195.75	232.47
34	52.28	59.30	66.32	72.79	78.98	85.69	93.97	104.71	118.67	134.48	152.41	172.73	195.75	232.47	
35	59.46	67.24	75.03	82.01	88.51	95.64	104.92	117.61	134.78	154.46	177.01	202.85	232.47		
36	67.32	75.58	84.17	92.54	101.75	111.87	123.00	135.24	155.23	177.90	203.58	232.47			
37	76.14	84.50	93.73	103.68	114.69	126.86	140.33	155.23	177.90	203.58	232.47				
38	85.30	93.74	103.72	115.54	128.70	143.37	159.70	177.90	203.58	232.47					
39	94.49	103.51	114.68	128.63	144.27	161.82	181.50	203.58	232.47						
40	104.20	113.94	126.52	142.89	161.38	182.26	205.84	232.47							
41	118.96	130.46	143.08	161.70	182.64	206.19	232.47								
42	133.15	146.73	161.70	182.64	206.19	232.47									
43	148.64	164.77	182.64	206.19	232.47										
44	165.86	184.93	206.19	232.47											
45	184.80	207.27	232.47												
46	207.50	232.47													
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Gross Premium Rates per \$1,000 of Death Benefit - Current Scale
Add \$50 Policy Fee

Gender	M	M	M	M	M	M	M	M	M	M	M	M	M
Issue Age	63	64	65	66	67	68	69	70	71	72	73	74	75
Policy													
<u>Year</u>													
1	6.06	6.68	7.56	8.74	10.19	11.90	13.85	16.04	18.46	21.14	24.08	27.29	30.77
2	6.68	7.36	8.42	9.91	11.81	14.07	16.59	19.31	22.18	25.22	28.39	31.65	34.96
3	7.34	8.13	9.46	11.45	14.11	17.28	20.70	24.19	27.61	30.93	34.04	36.83	39.13
4	8.08	8.94	10.53	13.03	16.47	20.57	24.94	29.24	33.26	36.94	40.07	42.46	43.85
5	9.07	10.15	12.07	15.06	19.17	24.07	29.24	34.28	38.92	43.07	46.49	48.93	50.04
6	10.57	11.97	14.26	17.71	22.38	27.92	33.75	39.47	44.76	49.55	53.55	56.50	58.05
7	12.62	14.51	17.27	21.15	26.24	32.21	38.53	44.82	50.79	56.38	61.33	65.41	68.28
8	15.76	18.42	21.77	26.01	31.25	37.26	43.65	50.14	56.53	62.79	68.73	74.20	78.95
9	18.99	22.47	26.47	31.15	36.68	42.88	49.45	56.17	62.90	69.62	76.19	82.49	88.35
10	22.35	26.54	31.20	36.52	42.70	49.55	56.76	64.07	71.33	78.52	85.49	92.10	98.15
11	22.98	26.48	31.20	37.53	45.61	54.93	64.70	74.30	83.30	91.61	98.80	104.51	108.22
12	26.89	30.37	34.96	40.99	48.56	57.23	66.31	75.26	83.72	91.60	98.54	104.23	108.22
13	31.15	34.37	39.13	45.93	54.86	65.18	75.75	85.68	94.33	101.53	106.65	109.14	108.22
14	35.96	38.98	43.85	51.16	60.97	72.37	83.89	94.42	103.15	109.82	113.66	113.95	109.69
15	41.71	44.90	50.04	57.78	68.16	80.19	92.30	103.32	112.36	119.15	122.85	122.69	117.61
16	40.94	44.33	50.04	58.81	70.75	84.74	99.01	112.22	123.38	132.20	137.75	139.16	135.24
17	40.51	43.90	50.04	59.78	73.22	89.15	105.61	121.13	134.63	145.81	153.65	157.23	155.23
18	46.11	50.14	56.84	66.97	80.65	96.80	113.70	130.03	144.86	157.95	168.42	175.44	177.90
19	51.24	55.55	62.64	73.22	87.39	104.15	121.95	139.61	156.29	171.81	185.39	196.31	203.58
20	57.69	61.86	68.55	78.22	90.74	105.66	122.14	139.61	157.67	176.32	195.23	214.09	232.47
21	62.83	68.70	76.19	86.00	97.07	109.57	123.68	139.61	147.47	172.21	200.45	232.47	
22	66.57	73.73	82.23	92.42	103.87	116.74	131.21	147.47	172.21	200.45	232.47		
23	72.17	78.99	88.27	100.89	115.32	131.81	150.66	172.21	200.45	232.47			
24	74.23	81.00	91.54	107.08	125.25	146.50	171.37	200.45	232.47				
25	79.02	86.08	98.15	116.62	138.57	164.66	195.65	232.47					
26	94.04	102.50	111.72	135.83	163.67	195.75	232.47						
27	109.02	121.69	135.83	163.67	195.75	232.47							
28	125.44	143.28	163.67	195.75	232.47								
29	143.69	167.71	195.75	232.47									
30	163.80	195.14	232.47										
31	195.75	232.47											
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Premium Rates per \$1,000 of Death Benefit (Guaranteed Scale)
Add \$50 Policy Fee
2/20/2012

Gender	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
Issue Age	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Policy																
<u>Year</u>																
1	0.34	0.33	0.32	0.32	0.33	0.34	0.36	0.37	0.40	0.42	0.45	0.48	0.51	0.55	0.58	
2	0.34	0.34	0.34	0.34	0.34	0.35	0.36	0.38	0.40	0.43	0.46	0.50	0.56	0.62	0.68	
3	0.35	0.35	0.35	0.35	0.35	0.36	0.37	0.39	0.41	0.44	0.47	0.52	0.57	0.64	0.70	
4	1.76	1.80	1.86	1.91	1.97	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	
5	1.80	1.86	1.91	1.97	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	
6	1.86	1.91	1.97	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	
7	1.91	1.97	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	
8	1.97	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	
9	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	
10	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	
11	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	
12	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	
13	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	
14	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	
15	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	
16	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	
17	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	
18	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	
19	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	
20	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	
21	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	
22	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	
23	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	
24	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	
25	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	
26	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	
27	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	
28	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	
29	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	
30	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	
31	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	
32	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	
33	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	
34	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	
35	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	
36	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	
37	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	
38	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	
39	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	
40	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	
41	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	
42	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	
43	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	
44	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	
45	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	
46	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	
47	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	
48	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	
49	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	
50	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	
51	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	
52	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	
53	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	
54	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	
55	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	
56	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	
57	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	
58	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	
59	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	
60	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	
61	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	
62	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	
63	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	
64	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	
65	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	
66	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	
67	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	
68	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-	
69	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-	
70	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Gross Premium Rates per \$1,000 of Death Benefit - Guaranteed Scale
Add \$50 Policy Fee

Gender Issue Age	F 40	F 41	F 42	F 43	F 44	F 45	F 46	F 47	F 48	F 49	F 50	F 51	F 52	F 53	F 54
Policy Year															
1	0.62	0.66	0.70	0.74	0.79	0.84	0.89	0.95	1.01	1.09	1.19	1.31	1.46	1.62	1.82
2	0.74	0.79	0.83	0.87	0.92	0.97	1.02	1.08	1.14	1.22	1.35	1.53	1.75	2.00	2.28
3	0.76	0.81	0.84	0.88	0.93	1.00	1.09	1.19	1.31	1.46	1.63	1.84	2.09	2.38	2.68
4	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58
5	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24
6	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94
7	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77
8	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20
9	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97
10	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17
11	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79
12	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71
13	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95
14	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36
15	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93
16	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82
17	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46
18	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01
19	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88
20	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28
21	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30
22	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84
23	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79
24	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06
25	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70
26	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13
27	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06
28	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18
29	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21
30	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75
31	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33
32	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06
33	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45
34	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86
35	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95
36	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53
37	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69
38	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60
39	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09
40	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48
41	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76
42	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-
43	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-
44	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-
45	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-
46	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-
47	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-
48	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-
49	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-
50	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-
51	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-
52	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-
53	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-
54	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-
55	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Gross Premium Rates per \$1,000 of Death Benefit - Guaranteed Scale
Add \$50 Policy Fee

Gender Issue Age	F 55	F 56	F 57	F 58	F 59	F 60	F 61	F 62	F 63	F 64	F 65	F 66	F 67	F 68	F 69
Policy Year															
1	2.06	2.35	2.70	3.08	3.48	3.88	4.23	4.56	4.92	5.37	5.98	6.74	7.62	8.65	9.90
2	2.57	2.88	3.22	3.59	3.97	4.36	4.70	5.00	5.34	5.83	6.56	7.56	8.79	10.26	11.96
3	2.99	3.32	3.67	4.05	4.45	4.86	5.19	5.45	5.77	6.33	7.26	8.64	10.47	12.65	15.06
4	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88
5	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28
6	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30
7	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84
8	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79
9	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06
10	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70
11	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13
12	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06
13	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18
14	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21
15	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75
16	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33
17	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06
18	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45
19	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86
20	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95
21	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53
22	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69
23	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60
24	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09
25	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48
26	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76
27	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-
28	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-
29	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-
30	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-
31	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-
32	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-
33	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-
34	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-
35	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-
36	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-
37	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-
38	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-
39	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-
40	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Gross Premium Rates per \$1,000 of Death Benefit - Guaranteed Scale
Add \$50 Policy Fee

Gender	F	F	F	F	F	F	M	M	M	M	M	M	M	M	M
Issue Age	70	71	72	73	74	75	25	26	27	28	29	30	31	32	33
Policy															
<u>Year</u>															
1	11.40	13.20	15.32	17.81	20.71	24.08	0.47	0.45	0.45	0.45	0.46	0.47	0.49	0.52	0.54
2	13.89	16.05	18.47	21.14	24.10	27.34	0.47	0.46	0.45	0.45	0.46	0.47	0.49	0.51	0.53
3	17.59	20.19	22.84	25.50	28.10	30.58	0.48	0.47	0.47	0.47	0.47	0.48	0.50	0.52	0.54
4	64.28	74.30	85.84	98.79	113.06	128.70	1.76	1.80	1.86	1.91	1.97	2.03	2.13	2.21	2.34
5	74.30	85.84	98.79	113.06	128.70	146.13	1.80	1.86	1.91	1.97	2.03	2.13	2.21	2.34	2.51
6	85.84	98.79	113.06	128.70	146.13	166.06	1.86	1.91	1.97	2.03	2.13	2.21	2.34	2.51	2.69
7	98.79	113.06	128.70	146.13	166.06	189.18	1.91	1.97	2.03	2.13	2.21	2.34	2.51	2.69	2.90
8	113.06	128.70	146.13	166.06	189.18	216.21	1.97	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12
9	128.70	146.13	166.06	189.18	216.21	247.75	2.03	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39
10	146.13	166.06	189.18	216.21	247.75	283.33	2.13	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66
11	166.06	189.18	216.21	247.75	283.33	323.06	2.21	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93
12	189.18	216.21	247.75	283.33	323.06	366.45	2.34	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20
13	216.21	247.75	283.33	323.06	366.45	413.86	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49
14	247.75	283.33	323.06	366.45	413.86	464.95	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79
15	283.33	323.06	366.45	413.86	464.95	520.53	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12
16	323.06	366.45	413.86	464.95	520.53	580.69	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48
17	366.45	413.86	464.95	520.53	580.69	646.60	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85
18	413.86	464.95	520.53	580.69	646.60	720.09	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29
19	464.95	520.53	580.69	646.60	720.09	804.48	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75
20	520.53	580.69	646.60	720.09	804.48	907.76	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28
21	580.69	646.60	720.09	804.48	907.76	-	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89
22	646.60	720.09	804.48	907.76	-	-	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52
23	720.09	804.48	907.76	-	-	-	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20
24	804.48	907.76	-	-	-	-	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89
25	907.76	-	-	-	-	-	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58
26	-	-	-	-	-	-	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24
27	-	-	-	-	-	-	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94
28	-	-	-	-	-	-	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77
29	-	-	-	-	-	-	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20
30	-	-	-	-	-	-	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97
31	-	-	-	-	-	-	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17
32	-	-	-	-	-	-	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79
33	-	-	-	-	-	-	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71
34	-	-	-	-	-	-	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95
35	-	-	-	-	-	-	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36
36	-	-	-	-	-	-	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93
37	-	-	-	-	-	-	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82
38	-	-	-	-	-	-	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46
39	-	-	-	-	-	-	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01
40	-	-	-	-	-	-	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88
41	-	-	-	-	-	-	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28
42	-	-	-	-	-	-	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30
43	-	-	-	-	-	-	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84
44	-	-	-	-	-	-	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79
45	-	-	-	-	-	-	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06
46	-	-	-	-	-	-	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70
47	-	-	-	-	-	-	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13
48	-	-	-	-	-	-	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06
49	-	-	-	-	-	-	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18
50	-	-	-	-	-	-	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21
51	-	-	-	-	-	-	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75
52	-	-	-	-	-	-	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33
53	-	-	-	-	-	-	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06
54	-	-	-	-	-	-	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45
55	-	-	-	-	-	-	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86
56	-	-	-	-	-	-	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95
57	-	-	-	-	-	-	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53
58	-	-	-	-	-	-	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69
59	-	-	-	-	-	-	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60
60	-	-	-	-	-	-	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09
61	-	-	-	-	-	-	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48
62	-	-	-	-	-	-	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76
63	-	-	-	-	-	-	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-
64	-	-	-	-	-	-	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-
65	-	-	-	-	-	-	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-
66	-	-	-	-	-	-	580.69	646.60	720.09	804.48	907.76	-	-	-	-
67	-	-	-	-	-	-	646.60	720.09	804.48	907.76	-	-	-	-	-
68	-	-	-	-	-	-	720.09	804.48	907.76	-	-	-	-	-	-
69	-	-	-	-	-	-	804.48	907.76	-	-	-	-	-	-	-
70	-	-	-	-	-	-	907.76	-	-	-	-	-	-	-	-

Gross Premium Rates per \$1,000 of Death Benefit - Guaranteed Scale
Add \$50 Policy Fee

Gender Issue Age	M 34	M 35	M 36	M 37	M 38	M 39	M 40	M 41	M 42	M 43	M 44	M 45	M 46	M 47	M 48
Policy Year															
1	0.57	0.60	0.62	0.64	0.67	0.69	0.73	0.78	0.83	0.90	0.97	1.04	1.11	1.18	1.26
2	0.56	0.60	0.64	0.69	0.75	0.81	0.87	0.93	0.99	1.06	1.13	1.20	1.27	1.33	1.40
3	0.57	0.61	0.65	0.71	0.77	0.83	0.89	0.95	1.00	1.06	1.13	1.22	1.33	1.45	1.59
4	2.51	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75
5	2.69	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28
6	2.90	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89
7	3.12	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52
8	3.39	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20
9	3.66	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89
10	3.93	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58
11	4.20	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24
12	4.49	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94
13	4.79	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77
14	5.12	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20
15	5.48	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97
16	5.85	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17
17	6.29	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79
18	6.75	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71
19	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95
20	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36
21	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93
22	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82
23	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46
24	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01
25	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88
26	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28
27	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30
28	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84
29	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79
30	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06
31	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70
32	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13
33	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06
34	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18
35	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21
36	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75
37	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33
38	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06
39	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45
40	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86
41	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95
42	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53
43	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69
44	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60
45	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09
46	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48
47	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76
48	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-
49	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-
50	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-
51	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-
52	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-
53	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-
54	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-
55	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-
56	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-
57	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-
58	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-
59	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-
60	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-
61	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Gross Premium Rates per \$1,000 of Death Benefit - Guaranteed Scale
Add \$50 Policy Fee

Gender	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Issue Age	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
Policy															
Year															
1	1.36	1.49	1.65	1.85	2.07	2.33	2.63	2.98	3.39	3.83	4.31	4.79	5.22	5.61	6.06
2	1.50	1.66	1.88	2.16	2.49	2.84	3.21	3.59	4.01	4.45	4.92	5.42	5.85	6.23	6.68
3	1.76	1.97	2.23	2.54	2.90	3.27	3.67	4.09	4.53	5.01	5.52	6.07	6.52	6.88	7.34
4	7.28	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95
5	7.89	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36
6	8.52	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93
7	9.20	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82
8	9.89	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46
9	10.58	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01
10	11.24	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88
11	11.94	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28
12	12.77	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30
13	14.20	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84
14	15.97	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79
15	18.17	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06
16	20.79	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70
17	23.71	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13
18	26.95	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06
19	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18
20	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21
21	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75
22	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33
23	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06
24	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45
25	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86
26	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95
27	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53
28	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69
29	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60
30	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09
31	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48
32	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76
33	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-
34	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-
35	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-
36	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-
37	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-
38	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-
39	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-
40	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-
41	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-
42	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-
43	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-
44	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-
45	804.48	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-
46	907.76	-	-	-	-	-	-	-	-	-	-	-	-	-	-
47	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
53	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
61	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
63	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
64	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
65	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
66	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
68	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Gross Premium Rates per \$1,000 of Death Benefit - Guaranteed Scale
Add \$50 Policy Fee

Gender	M	M	M	M	M	M	M	M	M	M	M	M
Issue Age	64	65	66	67	68	69	70	71	72	73	74	75
Policy												
Year												
1	6.68	7.56	8.74	10.19	11.90	13.85	16.04	18.46	21.14	24.08	27.29	30.77
2	7.36	8.42	9.91	11.81	14.07	16.59	19.31	22.18	25.22	28.39	31.65	34.96
3	8.13	9.46	11.45	14.11	17.28	20.70	24.19	27.61	30.93	34.04	36.83	39.13
4	30.36	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70
5	33.93	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13
6	38.82	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06
7	43.46	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18
8	49.01	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21
9	55.88	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75
10	64.28	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33
11	74.30	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06
12	85.84	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45
13	98.79	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86
14	113.06	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95
15	128.70	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53
16	146.13	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69
17	166.06	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60
18	189.18	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09
19	216.21	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48
20	247.75	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76
21	283.33	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-
22	323.06	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-
23	366.45	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-
24	413.86	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-
25	464.95	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-
26	520.53	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-
27	580.69	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-
28	646.60	720.09	804.48	907.76	-	-	-	-	-	-	-	-
29	720.09	804.48	907.76	-	-	-	-	-	-	-	-	-
30	804.48	907.76	-	-	-	-	-	-	-	-	-	-
31	907.76	-	-	-	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-	-	-	-	-
36	-	-	-	-	-	-	-	-	-	-	-	-
37	-	-	-	-	-	-	-	-	-	-	-	-
38	-	-	-	-	-	-	-	-	-	-	-	-
39	-	-	-	-	-	-	-	-	-	-	-	-
40	-	-	-	-	-	-	-	-	-	-	-	-
41	-	-	-	-	-	-	-	-	-	-	-	-
42	-	-	-	-	-	-	-	-	-	-	-	-
43	-	-	-	-	-	-	-	-	-	-	-	-
44	-	-	-	-	-	-	-	-	-	-	-	-
45	-	-	-	-	-	-	-	-	-	-	-	-
46	-	-	-	-	-	-	-	-	-	-	-	-
47	-	-	-	-	-	-	-	-	-	-	-	-
48	-	-	-	-	-	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-	-	-
50	-	-	-	-	-	-	-	-	-	-	-	-
51	-	-	-	-	-	-	-	-	-	-	-	-
52	-	-	-	-	-	-	-	-	-	-	-	-
53	-	-	-	-	-	-	-	-	-	-	-	-
54	-	-	-	-	-	-	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-	-	-	-	-
56	-	-	-	-	-	-	-	-	-	-	-	-
57	-	-	-	-	-	-	-	-	-	-	-	-
58	-	-	-	-	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-	-	-	-	-
60	-	-	-	-	-	-	-	-	-	-	-	-
61	-	-	-	-	-	-	-	-	-	-	-	-
62	-	-	-	-	-	-	-	-	-	-	-	-
63	-	-	-	-	-	-	-	-	-	-	-	-
64	-	-	-	-	-	-	-	-	-	-	-	-
65	-	-	-	-	-	-	-	-	-	-	-	-
66	-	-	-	-	-	-	-	-	-	-	-	-
67	-	-	-	-	-	-	-	-	-	-	-	-
68	-	-	-	-	-	-	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-	-	-
70	-	-	-	-	-	-	-	-	-	-	-	-



3275 Bennett Creek Avenue
Frederick MD 21704

RIGHT TO EXAMINE POLICY FOR 20 DAYS Within 20 days after this policy is received it may be returned to the agent through whom it was purchased or to our home office. We will pay the Face Amount to the Beneficiary if the Insured dies while this policy is in force. Such payment will be subject to the provisions of this policy.

READ YOUR POLICY CAREFULLY This policy is a legal contract between the policy owner and Banner Life Insurance Company.

In this policy Banner Life Insurance Company will be referred to as we, our, or us.

We will pay the face amount to the beneficiary if the insured dies while this policy is in force. Such payment will be subject to the provisions of this policy.

All payments are subject to the terms of this policy. The following pages are part of this policy.

This policy is issued in consideration of the application and of the payment of the first premium as provided herein. A copy of the application is attached and is made a part of the policy.

Signed for Banner Life Insurance Company at its home office in Frederick, Maryland, on the policy date.

A handwritten signature in cursive script, reading "Bryan R. Newcombe".

Secretary

A handwritten signature in cursive script, reading "James O. Attkins".

President

Renewable and Convertible Term Life Insurance

A change of premium provision is applicable subject to guaranteed maximum premiums.

The face amount is payable at death prior to expiration date.

Nonlevel premiums are payable as shown in the policy schedule to the expiration date or until the death of the insured.

This policy is renewable to the expiration date.

This policy is convertible to the end of the conversion period.

This policy is nonparticipating and no dividends are payable.



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Concluded with

Riders benefits amendments and endorsements if any and copy of applications

PLEASE READ YOUR POLICY CAREFULLY

DEFINITIONS

Home and Administrative Office

Our Home Office and Administrative office is located at 3275 Bennett Creek Avenue, Frederick, MD 21704.

Policy Date

The Policy Date is shown on the Policy Schedule. This date is used to determine premium due dates, policy anniversaries, years and months. Coverage will be effective on the Policy Date.

Issue Date

The Issue Date is the date we complete the processing of the insured's approved application, and issue to the insured or the owner this life insurance policy. It is shown on the Policy Schedule.

Written Notice/Recording Thereof

Written Notice means a notification or request received from the owner in a form satisfactory to us. Written notices are recorded at our administrative office. We will not be responsible for the validity of any written notice.

Term Period

A Term Period is the period of time that premiums are level. The Term Periods are shown in the Policy Schedule.

Renewal Date

A Renewal Date is the date on which the previous term period ended.

Expiration Date

The Expiration Date is the end of the last term period. The Expiration Date is shown in the Policy Schedule.

Age

Age is shown in the Policy Schedule and is the insured's Age as of the nearest birthday on the Policy Date.

Beneficiary

The person to receive the proceeds payable at the insured's death.

OWNERSHIP

The owner of this policy is shown in the policy schedule unless later changed. During the insured's lifetime, only the owner may exercise all the rights and agree with us as to changes in the policy. If the insured is not the owner and the owner dies, then the insured will become the owner.

All rights of the owner are subject to the rights of any assignee and of any Irrevocable Beneficiary designation we have on record.

Assignment of Policy

This policy may be assigned. We will not be responsible for the validity of an assignment. We will not be liable for any payments made or actions taken before written notice of any assignment is received by us. Payments to any assignee will only be made in a lump sum.

PREMIUMS

Payment of Premiums

The first premium must be paid before any insurance becomes effective. The due date of the first premium is the policy date. Each subsequent premium is due on the premium due date(s) shown in the policy schedule. The owner may change the frequency of the premium payment to any frequency we offer on the date such change is requested. All premiums after the first are payable in advance at our administrative office. A premium receipt signed by one of our officers will be furnished upon request. In no event may premiums be paid beyond the expiration date.

Grace Period

Except for the first premium, we will allow a 31 day grace period after the premium due date to pay each premium. During the grace period, the policy will remain in force. If a premium is not paid before the end of the grace period, the policy will terminate without value. If death occurs during the grace period, the premium required to provide insurance from the premium due date to the end of the policy month in which the insured's death occurs will be deducted from the proceeds.

Reinstatement

A policy which terminates in accordance with the grace period provision may be reinstated if:

1. written request for reinstatement is made within five years after the expiration of the grace period and before the expiration date of the policy. The reinstated policy will be in force from the date we approve the application for Reinstatement and the required premiums are paid;
2. the owner submits a written application;
3. evidence of the insured's insurability is received and approved by us; and
4. all due and unpaid premiums, with interest payable at an annual rate of 6%, are paid.

CHANGE OF PREMIUM

We may change the premium for this policy after the initial term period, exclusive of any riders, subject to the following;

1. the annual premium for this policy will not exceed the maximum annual premium shown in the policy schedule;



2. the premium may not be changed more than once during any 12 month period;
3. we will send the owner, at the address in our records, a written notice of any change in premium at least 30 days before the date on which the change will be effective;
4. any change of premium will be based on our expectations as to future experience for such elements as persistency, expenses, mortality, taxes, and investment earnings;
5. the modal premium will be calculated on the same basis as used on the issue date of this policy; and
6. any change in premium will be on a uniform basis applying to all policies with the same issue age, sex, rating classification, duration, and plan of insurance as this policy. A change of health will not cause a change of premium.
7. will take effect on the policy anniversary date following the date we make the change.

RENEWAL

Renewability

This policy may be renewable for additional term periods. Evidence of the insured's insurability need not be furnished. Renewal will occur only if premiums have been paid to the renewal date. This policy, however, will not continue beyond the expiration date.

Effective Date of Renewal

The renewal premium must be paid within 31 days of the renewal date in order for the renewal to become effective. This policy will be renewed automatically if the insured dies during the 31-day period before the payment of a premium. If the insured dies during this period, the portion of the renewal premium required to provide insurance from the premium due date to the end of the policy month in which the insured's death occurs will be deducted in the calculation of proceeds payable.

Renewal Premiums

The maximum annual renewal premium rates for this policy, including riders and benefits, are shown in the policy schedule.

Automatic Renewal

This policy will be automatically renewed on the renewal date if:

1. it contains a total disability benefit; and
2. premiums are being waived to the renewal date under such disability benefit.

We will waive renewal premiums as long as the insured continues to be totally disabled under such total disability benefit.

CONVERSION

This policy may be converted to a new policy on the insured's life. Evidence of the insured's insurability is not required. The conversion may be made:

1. on any premium due date, but not later than the end of the conversion period shown in the policy schedule;
2. if we receive the owner's written request and application for conversion;
3. the first premium for the new policy is paid; and
4. the owner returns this policy to us.

The new policy will be issued:

1. with the date of exchange as its policy date;
2. at the insured's age on the date of exchange;
3. with the same rating classification as that under this policy;
4. on any permanent life plan which we have available for conversion and, for the amount exchanged, we customarily issue on the date of exchange to applicants with the insured's rating classification;
5. with premiums based on our rates for the rating classification and plan of insurance on the date of exchange;
6. for an amount of insurance not less than our minimum for the plan selected, nor greater than the face amount of this policy on the conversion date. At least one plan of insurance will be available for conversion in an amount equal to the face amount of this policy on the conversion date;
7. the new policy will be issued so that the time limit specified in the Incontestability and Suicide provisions of the new policy will be measured from the Policy Date of this policy; and
8. the new policy will be subject to any assignment of this Policy received at our office.

The new policy will contain a total disability benefit and/or accidental death benefit if:

1. this policy contains such benefit;
2. on the date of exchange, we customarily issue such benefit to applicants with the insured's age, sex, and rating classification; and
3. on the date of exchange, we customarily issue such benefit in conjunction with the plan to which the insured converts.

If more than one type of total disability benefit is available on the date of exchange, the benefit attached to the new policy will be the benefit with the lowest premium.

Automatic Conversion

This policy will be converted to a permanent life plan selected by us at the end of the conversion period if:

1. this policy contains a total disability benefit;
2. the insured is totally disabled under the terms of the disability benefit at the end of the conversion period; and
3. such disability continued during the 6 months prior to the end of the conversion period.

The new policy's premiums will be based on the insured's age on the date this policy is converted. The new policy will be issued for an amount equal to the face amount of this policy on the conversion date. Any premium falling due while the insured continues to be totally disabled will be waived.

EXCHANGE OF POLICY FOR SAME PLAN

This policy may be exchanged for a new policy on the insured's life. Evidence of the insured's insurability satisfactory to us is required. The exchange may be made at any time during the exchange period. The exchange period expires as indicated in the policy schedule.

To make the exchange:

- (1) we must receive a new application for the exchange before the end of the exchange period while this policy is in force; and
- (2) all premiums due on this policy must be paid to the exchange date.

The new policy will be issued:

- (1) on the same plan of insurance as this policy; and
- (2) for a face amount not less than the minimum for this plan nor greater than the face amount of this policy on the exchange date.

Premiums for the new policy will be at the rates in effect for the insured's attained age on the exchange date. The new policy will be subject to our rules on frequency of premium payment and minimum premium in effect on the exchange date.

The issue date of the new policy will be the exchange date. The first premium for the new policy must be paid before coverage under the new policy begins. Coverage under this policy will end when coverage under the new policy begins.

The suicide provision in the new policy will be waived.

The new policy may contain any rider(s) included in this policy, subject to our rules and at the premium rates in effect on the exchange date.

GENERAL PROVISIONS

Contract

This policy, attached riders, amendments, benefits, and the application form the entire contract. Only the President, a Vice President, or the Secretary of Banner Life Insurance Company may change or waive any provision of this contract. Any changes or waivers must be in writing.

We may not change or amend this policy without the owner's consent except as expressly provided in the policy. However, we may change or amend the policy if such change or amendment is necessary for it to comply with any state or federal law, rule, or regulation.

Incontestability

Statements in the application are considered representations, not warranties. Statements may be used to contest the validity of this policy or in defense of a claim only if they are contained in the application or in an endorsement or amendment, and a copy of that application, endorsement, or amendment is attached to the policy at issue or is made part of the policy when a change becomes effective.

We will not contest this policy after it has been in force during the Insured's lifetime for two years from the Issue Date, except for failure to pay premiums. If this policy is reinstated, it will be incontestable after it has been in force during the insured's lifetime for two years from the effective date of the Reinstatement. The Incontestability period will be based on the most recent applications.

Misstatement of Age and Sex

If the insured's age or sex has been misstated, we will pay the amount of insurance that the premiums paid would have purchased at the correct age and sex.

Suicide

The benefits payable are limited if the insured commits suicide, while sane or insane, within two years from the Issue Date. In such case, our liability will be limited to a refund of all premiums paid to us.

Non-participating

This policy is non-participating and the owner will not share in Banner Life Insurance Company's profits or surplus. No dividends are payable on this policy.

AMOUNT OF PROCEEDS

The life insurance proceeds payable at the insured's death will be (1) plus (2) plus (3) minus (4) where:



- (1) is the face amount of this policy, shown in the policy schedule;
- (2) is any insurance on the insured's life provided by riders;
- (3) is the portion of any premium paid for a period beyond the policy month in which the insured's death occurs; and
- (4) is any premium which is due and unpaid for a period from the premium due date to the end of the policy month in which the insured's death occurs.

We reserve the right to require the return of the policy at time of settlement.

BENEFICIARY PROVISIONS

Beneficiary

Unless otherwise provided by written notice to us, the beneficiaries are named in the application.

Change in Beneficiary

During the insured's lifetime, the owner may change the beneficiary designation unless he or she has waived the right to do so. No beneficiary change will take effect until a written notice is received at our administrative office. Such changes will become effective on the date written notice is received by us. All changes will be subject to any payment made by us before notice was received.

Death of a Beneficiary

Unless otherwise provided in the beneficiary designation:

1. the interest of any beneficiary who dies before the insured will pass to any surviving beneficiaries according to their respective interests; or
2. if no beneficiary survives the insured, the proceeds will be paid in one sum to the owner, if living; otherwise, to the owner's estate.

PAYMENT OF PROCEEDS

Any amount payable under this contract will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any payment option. However, options will not be available if:

1. the net proceeds are less than \$2,500;
2. the amount of each payment is less than \$50; or
3. in the case of payment option 1, 2 or 3, the payee is not a natural person receiving payment in his or her own right.

Proceeds left with us may be withdrawn by written notice where such right is given. The payment of any withdrawal may be postponed for as long as six months from the date we receive written notice.

We may require evidence of the survival of any Payee before any settlement payment payable to the payee is made.

ELECTION OF PAYMENT OPTIONS

By Owner

During the insured's lifetime, the owner may elect any payment option and may change such election if he or she has reserved the right to do so.

If the owner elects a payment option for the beneficiary, the beneficiary may not:

1. change or cancel the election;
2. assign or transfer the amount held by us; or
3. withdraw any future installments or unpaid interest installments unless these rights are granted in the election.

By Beneficiary

If the owner does not elect a payment option, the beneficiary may do so after the insured's death.

Such election by the Beneficiary:

1. must be made before the payment of any Policy Proceeds has been made; and
2. shall be effective as of the date of the Insured's death.

Conditions for Election

Any election or change must be made by written notice to us. No election or change will be effective until we record it.

PAYMENT OPTIONS

The following sections describe the payment options available under this policy.

Option 1 - Life Income

We will make equal monthly payments during the payee's lifetime. Payments will end with the last monthly payment before his or her death. The amount of each payment, per \$1,000 of Policy Proceeds, will not be less than that shown in the Option 1 table.

Option 2 - Life Income With Period Certain

We will make equal monthly payments during the payee's lifetime, with a minimum period guaranteed (60, 120, 180 or 240 months). The amount of each payment, per \$1,000 of Policy Proceeds, will not be less than that shown in the Option 2 table. At the Payee's death, we will continue to pay the balance of the unpaid payments, if any, to the Payee's Beneficiary for the balance of the guaranteed period.

Option 3 - Joint Life Income

We will make payments for as long as either of two designated persons live. The amount of each payment, per \$1,000 of Policy Proceeds, will not be less than that shown in the Option 3 table.

Option 4 - Payments for a Fixed Period

We will make payments for a fixed period. The amount of each payment, per \$1,000 of Policy Proceeds, will not be less than that shown in the Option 4 table. At the Payee's death, we will continue to pay the balance of the unpaid payments to the Payee's Beneficiary.

Option 5 - At Interest

The proceeds may be left with us to draw interest. Interest may be paid annually, semi-annually, quarterly, or monthly. The first payment will be made at the end of the interest frequency period chosen. The guaranteed interest rate is 3% a year, compounded yearly. Interest shall not be paid beyond the lifetime of one Payee except with our consent.

Evidence of Survival

We have the right to require satisfactory proof of any payee's age. The right to change options is not available after payments commence under this option.

Automatic Payment Option

If settlement of the proceeds of this policy is delayed over 30 days, option 5 will be applied automatically. Interest will be paid yearly and the person(s) entitled to the proceeds has the right to withdraw the proceeds or elect any payment option permitted by this policy. The legal rate indicated by the state will be used if it is higher than our declared rate.

Basis of Values

The payment option tables are based on 3% interest compounded yearly. For options involving lifetime income, rates in the tables are based on Table "a" mortality rates. We may offer more favorable rates than those determined on this basis.

Additional Options

Any proceeds payable under this policy may be paid under any other method of payment agreed to by us at the time of settlement.



ANNUITY TABLES
Monthly Income per \$1,000 of proceeds

Age	OPTION1 LIFE ONLY		OPTION 2 LIFE WITH PERIOD CERTAIN							
	MALE	FEMALE	60 MONTHS		120 MONTHS		180 MONTHS		240 MONTHS	
			MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
50	4.30	3.94	4.29	3.93	4.26	3.92	4.20	3.89	4.11	3.85
51	4.38	4.00	4.37	3.99	4.33	3.98	4.27	3.95	4.17	3.90
52	4.47	4.07	4.45	4.06	4.41	4.04	4.34	4.01	4.23	3.96
53	4.56	4.14	4.54	4.13	4.49	4.11	4.41	4.07	4.29	4.02
54	4.65	4.21	4.63	4.21	4.58	4.18	4.49	4.14	4.35	4.07
55	4.75	4.29	4.73	4.29	4.67	4.26	4.57	4.21	4.42	4.14
56	4.86	4.38	4.83	4.37	4.77	4.34	4.65	4.28	4.48	4.20
57	4.97	4.47	4.94	4.46	4.87	4.42	4.74	4.36	4.55	4.26
58	5.09	4.56	5.06	4.55	4.97	4.51	4.82	4.44	4.61	4.33
59	5.22	4.67	5.18	4.65	5.09	4.61	4.92	4.52	4.68	4.40
60	5.35	4.77	5.32	4.76	5.20	4.71	5.01	4.61	4.74	4.47
61	5.50	4.89	5.46	4.87	5.33	4.81	5.11	4.70	4.81	4.54
62	5.65	5.01	5.61	4.99	5.46	4.92	5.20	4.80	4.87	4.61
63	5.82	5.14	5.77	5.12	5.59	5.04	5.31	4.90	4.93	4.69
64	6.00	5.28	5.94	5.25	5.73	5.16	5.41	5.00	4.99	4.76
65	6.19	5.43	6.12	5.40	5.88	5.29	5.51	5.10	5.05	4.83
66	6.40	5.59	6.31	5.55	6.04	5.43	5.61	5.21	5.11	4.90
67	6.61	5.76	6.51	5.71	6.19	5.57	5.71	5.32	5.16	4.97
68	6.85	5.94	6.72	5.89	6.36	5.72	5.81	5.43	5.20	5.03
69	7.10	6.14	6.95	6.08	6.52	5.88	5.91	5.54	5.25	5.09
70	7.36	6.36	7.19	6.28	6.70	6.05	6.01	5.66	5.29	5.15
71	7.65	6.59	7.44	6.50	6.87	6.22	6.10	5.77	5.32	5.20
72	7.95	6.84	7.71	6.73	7.05	6.40	6.19	5.88	5.35	5.25
73	8.28	7.11	7.99	6.98	7.23	6.59	6.27	5.99	5.38	5.30
74	8.63	7.41	8.29	7.25	7.40	6.79	6.34	6.09	5.41	5.34
75	9.00	7.72	8.60	7.54	7.58	6.98	6.42	6.19	5.43	5.37
76	9.41	8.07	8.92	7.84	7.75	7.19	6.48	6.28	5.45	5.40
77	9.84	8.44	9.26	8.17	7.93	7.39	6.54	6.37	5.46	5.42
78	10.30	8.85	9.61	8.51	8.09	7.59	6.59	6.45	5.47	5.44
79	10.79	9.29	9.98	8.87	8.25	7.79	6.64	6.52	5.48	5.46
80	11.32	9.77	10.35	9.26	8.40	7.98	6.68	6.58	5.49	5.47
81	11.88	10.29	10.73	9.66	8.54	8.17	6.72	6.63	5.50	5.48
82	12.48	10.85	11.12	10.08	8.67	8.34	6.75	6.68	5.50	5.49
83	13.12	11.46	11.51	10.51	8.80	8.51	6.77	6.72	5.51	5.50
84	13.79	12.11	11.91	10.96	8.91	8.66	6.80	6.75	5.51	5.50
85	14.50	12.82	12.30	11.41	9.01	8.80	6.81	6.78	5.51	5.51
86	15.24	13.58	12.69	11.86	9.11	8.92	6.83	6.80	5.51	5.51
87	16.03	14.39	13.08	12.32	9.19	9.03	6.84	6.82	5.51	5.51
88	16.86	15.26	13.46	12.76	9.26	9.13	6.85	6.83	5.51	5.51
89	17.75	16.17	13.83	13.19	9.33	9.22	6.86	6.84	5.51	5.51
90	18.70	17.13	14.20	13.60	9.39	9.29	6.86	6.85	5.51	5.51
91	19.71	18.12	14.57	14.00	9.44	9.35	6.86	6.86	5.51	5.51
92	20.79	19.16	14.92	14.38	9.48	9.41	6.87	6.86	5.51	5.51
93	21.96	20.24	15.26	14.73	9.51	9.45	6.87	6.87	5.51	5.51
94	23.22	21.37	15.59	15.07	9.54	9.49	6.87	6.87	5.51	5.51
95	24.59	22.55	15.91	15.40	9.56	9.53	6.87	6.87	5.51	5.51

ANNUITY TABLES
Monthly Income per \$1,000 of proceeds

AGE OF FEMALE	OPTION 3 JOINT LIFE INCOME AGE OF MALE									
	50	55	60	65	70	75	80	85	90	95
50	3.63	3.71	3.78	3.84	3.87	3.90	3.91	3.92	3.93	3.93
55	3.77	3.91	4.02	4.11	4.18	4.22	4.25	4.27	4.28	4.29
60	3.91	4.10	4.28	4.43	4.55	4.64	4.69	4.73	4.75	4.76
65	4.02	4.28	4.54	4.78	4.99	5.15	5.26	5.33	5.37	5.40
70	4.12	4.43	4.77	5.14	5.48	5.77	5.99	6.14	6.23	6.29
75	4.19	4.55	4.97	5.47	5.99	6.49	6.90	7.21	7.42	7.56
80	4.23	4.63	5.12	5.74	6.45	7.21	7.94	8.54	9.00	9.32
85	4.26	4.68	5.22	5.93	6.80	7.84	8.95	10.01	10.91	11.63
90	4.28	4.71	5.28	6.04	7.04	8.29	9.78	11.36	12.87	14.24
95	4.29	4.73	5.31	6.11	7.18	8.58	10.35	12.40	14.54	16.71

Income Payments for ages not shown furnished upon request.



ANNUITY TABLES

Monthly Income per \$1,000 of proceeds

OPTION 4 ANNUITY CERTAIN	
YEAR	INCOME
5	17.91
6	15.14
7	13.16
8	11.68
9	10.53
10	9.61
11	8.86
12	8.24
13	7.71
14	7.26
15	6.87
16	6.53
17	6.23
18	5.96
19	5.73
20	5.51
21	5.32
22	5.15
23	4.99
24	4.84
25	4.71
26	4.59
27	4.47
28	4.37
29	4.27
30	4.18



3275 Bennett Creek Avenue
Frederick, MD 21704

Renewable and Convertible Term Life Insurance

**A change of premium provision is applicable
subject to guaranteed maximum premiums**

**The face amount is payable at death prior to
expiration date**

**Nonlevel premiums are payable as shown in
the policy schedule to the expiration date or
until the death of the insured**

This policy is renewable to the expiration date

**This policy is convertible to the end of the
conversion period**

**This policy is non-participating and no dividends
are payable**